| 1 | 69 | 1504 BALTIMORE CITY | HEALTH DEPARTMENT | 141 | 00 1701 |
|-------|--|--|-------------------------------|------------------------------------|--|
| TIPT | TH NO. | CERTIFICA | TE OF DEATH | REG. NO | 69 1501 |
| 1.N. | AME OF DECEASED | A A . | 2. DATE AN | D HOUR OF DEATH | -00 |
| (Тур | GERTRUDE I | NEELY. | - 1 | FER 1,1 | 9691 5 PM. |
| 3. P | LACE IN BALTIMORE, MARYLAND, WHERE PR | ONOUNCED DEAD | 4. USUAL RESIDENCE (Whe | re deceased lived. If in | stitution: residence before admission) |
| FUL | LL NAME OF (IF NOT IN HOSPITAL OR IN | ISTITUTION, GIVE STREET | MD. | | 1302 |
| II HO | SPITAL OR ADDRESS OR LOCATION) | * * | C. CITY OR TOWN | D. INSI | DE CITY LIMITS? |
| MIL | ONTEBELLO STATE HO | S PERMIT | BALTO. | 7 | YES NO \ |
| 1 | BALTIMORE, MD. | la l | E. STREET AND NUMBER | 1.5011 | AUG B |
| 5. S | 3111.10.1- | | | ROOKFIEL | DITVE, DAG. |
| 3. 3 | A. O. O. MAKI | AKKIED | sol no 22 | 9. AGE (In years last birthdoy) | Months Doys Hours Min. |
| HOA | USUAL OCCUPATION (Give kind of work 10 B, KIN | DIVORCED DIVORCED | 11. BIRTHPLACE (Stote or fore | ian country) | 12. CITIZEN OF WHAT COUNTRY? |
| | during most of working life, even if retired) | Washington and Market | Dat | , | THE COURT OF WHITE COURT IN |
| 124 | MEM SLOYED | | Dalum | or | |
| 134 | El Just | 120000 | 14. MOTHER'S MAIDEN NA | A A | |
| 10.0 | July 11/E/1 | ELLY | Magge | | A.D.D.C.C. |
| (Yes | Was Deceased Ever in U. 5. Armed Forces? ,no or unknown) (If yes, give wor or dates of serv | ice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | 200 | ADDRESS |
| | | | 19 Ellen 11 | 12/1886 | 1 MrV. |
| | 18. 1 8.31 | CAUSE OF DEATH | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | 1 (1) | AR CINOMATOS | _ | 7 M |
| | (This does not mean the made of dying, | e.g., (A)IMMEDIATE CAU | CONSEQUENCE OF: | 15 | 3/105. |
| | heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.) | agse. | STASIS to T | BIAIN | |
| | ANTECEDENT CAUSES | # 590 M | 3/1/3/13 | a . a | |
| | DISEASES OR CONDITIONS, if any, gi | ving DUE TO, OR AS | A CONSEQUENCE OF: | | |
| | rise to the above cause (A) stating UNDERLYING CONDITION last. | The state of the s | | | |
| | II | , (C) | | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTI | | | | |
| A | TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). | NAL | | | |
| | 19A. DATE OF OPERATION 19B. CONDITION I | FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | IN CERTIFYING CAL | INDINGS CONSIDERED |
| ERT | 2) | 21P PLACE OF INTURY | or shout/215 WHERE DIE | NO. | |
| احاا | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., ir home, farm, factory, street, of etc.) | fice bldg., INJURY OCCUR? | (It in Baltimore | e City, give exoct location) |
| | DEATH (notify medical examiner) | | 015 | | |
| 3 | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | While At Not While | 21 F. HOW DID INJ | URY OCCUR? | |
| | (APPROX.) | Work At Work | | | |
| | 22. I certify that (1) (this hospital) attend | led the deceosed from | 1-23 | 19 6 7 to | 2-1 1969. |
| | that M (we) lost sow the deceased alive | on 2-1- | 19 6 9 ond th | nat in (our) opin | nion deoth occurred an the dote |
| | ond hour and from the couses stated above | re. (H) (We) (did) (did not) v | iew the bady ofter deoth. | | |
| | 23A. SIGNATURE | | | / | 23 B. DATE SIGNED |
| | IRows 2. Coupe | allin GEGREE Phys | | Phys. | 2-1-69 |
| | 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | <i>r</i> . | 1 |
| | IRVING LICE | OPERSTEIRGREE | MONTEBELL | O STATEL | JOSP. BALTO, "10 |
| 24A | BURIAL CREMATION, 24B. DATE 24BEMOVAL (Specily) | C. NAME OI CEMETERY OF CRE | MATORY 24D. L | OCATION (Ci | ty, town, of county) (State) |
| d | Bunial 12-6-69 | MX (galara) | rul (Fm 1 | 11.60. | ma |
| 25A | DATE REC'D BY HEALTH DEPT. 25B. NA | ME OF REGISTRAR | 250 JUNERAL DIRECTOR | | ODRESS |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Cut E, Jasker MA | Mayner-)a | nders 21 | 76. Creston St |
| 145 3 | 150-REV. 1/1/6B | | | | |

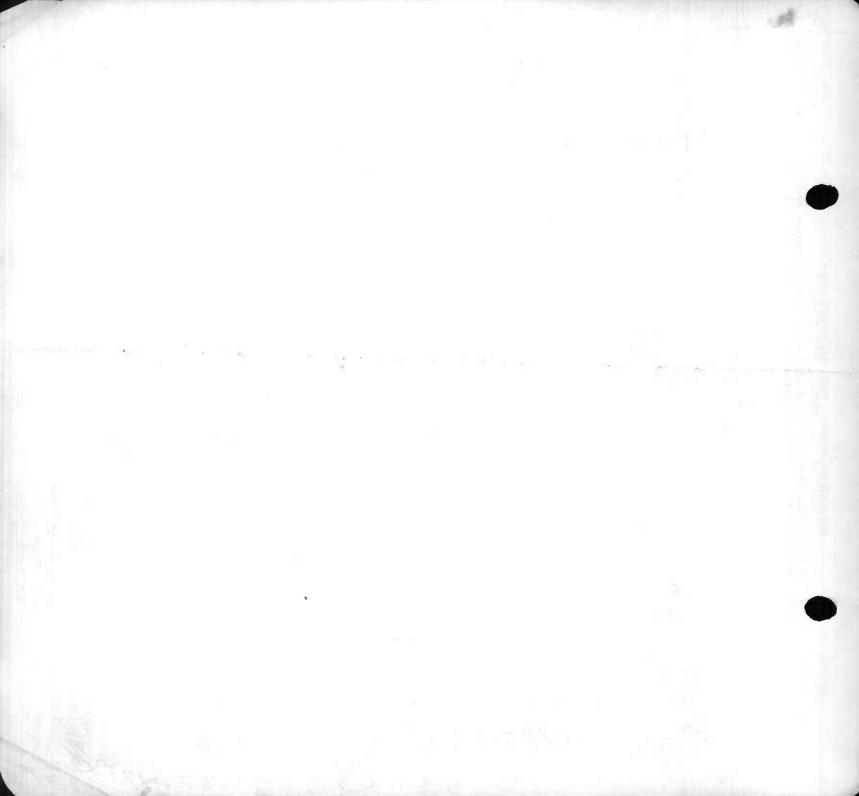
Um EmplayEd
Ely Mcnesly

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IRVING L. CORPERSTEN MOTE

Nagger Me NEEly N.Y.

| 7 | BIRTH NO. 69 1 | SOS CERTIFICA | THEALTH DEPARTMENT REG. | но. 69 1502 |
|--------|---|--|--|--|
| | 1. NAME OF DECEASED (Type or Print) ROBINSON | MOLL | 2 DATE AND HOUR OF | 0 1 0 |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | | , , , | 969 4.55 A. M |
| | FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) | STITUTION, GIVE STREET | C. CITY OR TOWN | D. INSIDE CITY LIMITS? |
| | MERCY HOSPITA | L | E. STREET AND NUMBER 11 | YES NO |
| 90 | | | 130 N. XISQU. | ith St. Apl. W |
| is mad | 5. SEX 6. RACE 7. MARR WIDOV | VED DIVORCED | 8. DATE OF BIRTH 10-29-1899 lost birthdoy | Months Doys Hours Min. |
| 0 | 10A. USUAL OCCUPATION (Give kind of work 10B. KIN I done during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | 1/ 0 1 1 1 | 12. CITIZEN OF WHAT COUNTRY? |
| Door | 13. FATHER'S NAME | 12.15 | 14. MOTHER'S MAIDENNAME | VOX |
| 2 | 15. Was Deceased Ever in U. S. Armed Forces? | 116 SOCIAL | LOUISA ! | |
| 3 | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of servi | SECURITY NO. | 17. INFORMANT | ADDRESS |
| 5 | 18. 4/2/21/ | CAUSE OF DEAT | 1 | APPROXIMATE INTERVAL |
| 3 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | - Carolinal in la | BETWEEN ONSET AND DEATH |
| | (This does not mean the mode of dylng, heart failure, asthenia, etc. It means the dise | P.g., DUE TO, OR AS | A CONSEQUENCE OF: | |
| | injury or complication which coused death.) ANTECEDENT CAUSES | Congle | ravencular acch | *************************************** |
| | DISEASES OR CONDITIONS, if one, give | ing (8) DUE TO, OR AS | A CONSEQUENCE OF: | ~ 504 |
| | ise to the obove couse (A) stoling UNDERLYING CONDITION lost. | (c) Hyper | ensing cardiovascu | lan diskase |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN | IG AL | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A DATE OF OPERATION 19-B. CONDITION FI WAS PERFORMED 21-A. ACCIDENT WAS UNDERLYING | OR WHICH OPERATION | 20A. AUTOPSY? (Yes of No.) 20B. IF YES IN CERTIFY | WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? |
| | OR CONTRIBUTING CAUSE OF | 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | or obout 21C. WHERE DID (If In ice bldg, INJURY OCCUR? | Boltimore City, give exoct location) |
| | OF INJURY (APPROX.) (Month! (Doy) (Year) (Hour) | 21E. INJURY OCCURRED While At Not While | 21F. HOW DID INJURY OCCUR? | |
| | 22. I certify that (Y) (this hospital) ottende | Work L At Work | | FEB-2- 1969 |
| | that M (we) lost sow the deceased alive a | n FEB - 2 - | 19 6 9 ond that In (my) (o | our) opinion death occurred on the date |
| | ond hour and from the couses stated above | - (1) (We) (did) (did not) v | ew the body ofter death. | |
| | Joseph Noterange | RO M.D. Atter | ding Med. Staff Phys | 23B. DATE SIGNED FEB - 2 - 1969 |
| | 23¢-PHYSICIAN'S NAME (Type) | 2 | 3D. ADDRESS | |
| | JOSEPH NOTARAN GE | DEGREE | MERCY HOSPI | (City, town, or county) (Stote) |
| | Qurial 2-5-69 | mx Corlina | 14 (Em 1.1.1. | med med and |
| | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM | LE OF REGISTRAR | 25C TONERAL DIRECTOR | ADDRESS) |
| ΙĘ | /S 150-REV. 1/1/68 | of E of the fame | peymers) ande | re 2176 Ineston |



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

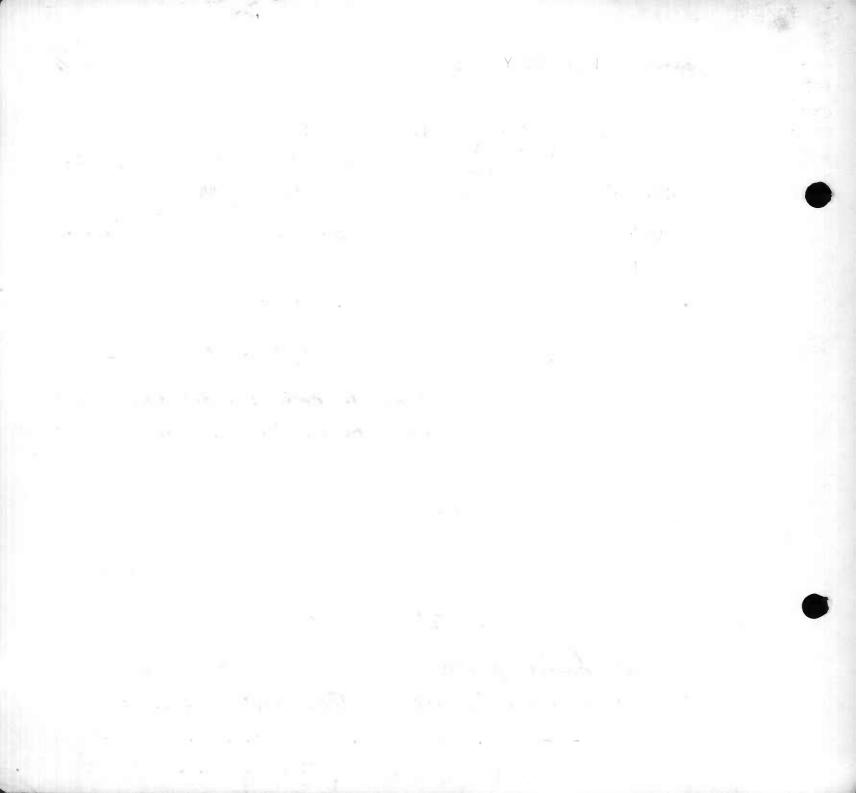
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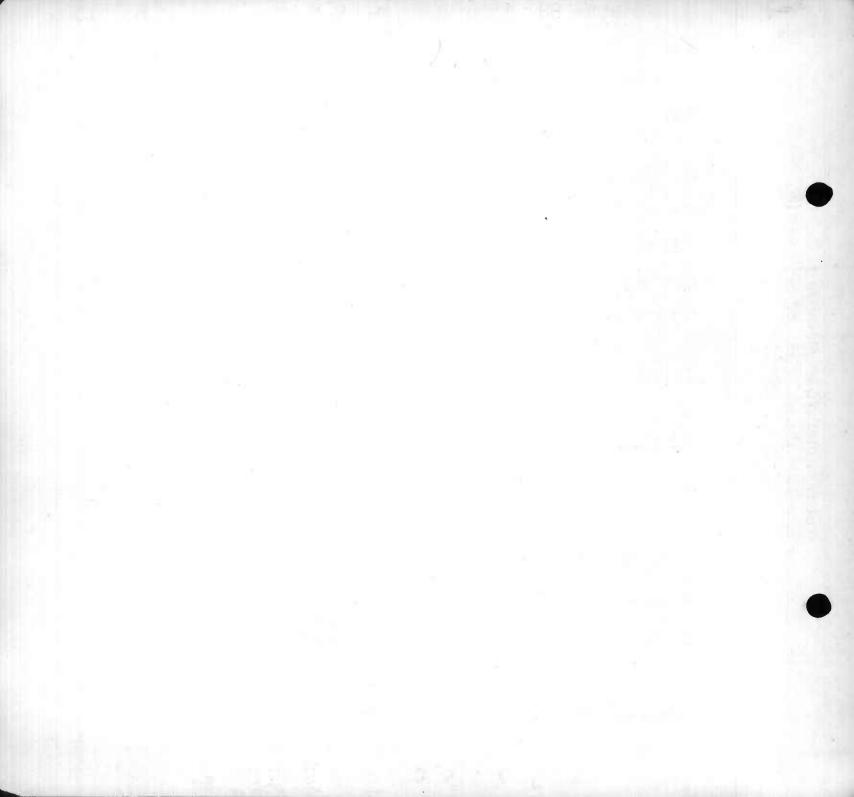
3/28/69 - Correction form from funeral director.
Affroned by S.N., Duector

| - / | | 5 03 | 150 | EDTIFICA | TE OF DEATH | REG. NO | 00 1001 |
|------------------|--|--|--|--|--|--|---|
| 1- | 7-49 | | | CERTIFICA | | | |
| , N | H NO. | SED OBENT L | A Als | ton | 2. DATE AN | ID HOUR OF DEATH | 169 12450 |
| 3. P | | AORE MARYLAND, | WHERE PRONOL | JNCED DEAD | 4. USUAL RESIDENCE (Whe | re deceased Aved. If in | stitution: residence before odmis |
| FUL | ULL NAME OF OSPITAL OR INSTITUTION, GIVE STITUTION ADDRESS OR LOCATION Baltimore City Hospitals | | | | Maryland | | 9-07 |
| NŞ | Baltimore City Hospitals 4940 Eastern Avenue | | C. CITY OR TOWN | D. INSI | DE CITY LIMITS? | | |
| - | | | Baltimore E. STREET AND NUMBER | | YES X NO | | |
| | | Baltimore, | | | 2811 Kirk A | venue 2 | 1218 |
| . SI | EX 6. | RACE | 7. MARRIED | X NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Months: Doys Hours: Mi |
| I | Tale | Negro | WIDOWED[| DIVORCED | 5-16-38 | 30 | |
| | | | rk 108, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | ign country) | 12. CITIZEN OF WHAT COUP |
| C | hecker | rking life, even if retired) | Shipy | and | Haligax Co. | XXX N.C. | U.S.A. |
| 90 F | ATHER'S NAME | , | / / | | 14. MOTHER'S MAIDEN NA | ME O I | 1 / 00 |
| 1 | 1111121 | 1 H. Als | tON | | | Gertrud | de hec |
| S. V Yes | Vos Deceosed E | er in U. S. Armed For | es of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| 201 | NO | . , | | 213-34-0772 | Records: BCH-49 | 40 Eastern A | Avenue 21224 |
| | 181/3/ | . 01 | | CAUSE OF DEAT | H | | APPROXIMATE INTERV |
| | DISEASE | OR CONDITION D | IRECTLY | | + - / | 0 00 1 | DE ! WEEK ONSE! AND D |
| | LI | ADING TO DEATH | | (A) IMMEDIATE CAL | JSE INTra Celly | & Bleed | led hrs |
| | (This does not | man the made a | I destruct a con- | | | | |
| | | | | DUE TO, OR AS | A CONSEQUENCE OF: | | |
| | heart foilure, os | shenio, etc. II meon icotion which couse | s the diseose, | DUE TO, OR AS | A CONSEQUENCE OF: | -4 | |
| | heart failure, as injury or compl | shenio, etc. Il meon | s the disease, d death.) | DUE TO, OR AS | A CONSEQUENCE OF: | | Eurs |
| | heart failure, as injury or compl | Shenio, elc. II meon icotion which couse ITECEDENT CAUSE | s the discose, d deoth.) | (B) H47200 | A CONSEQUENCE OF: | ssential | 5yrs |
| | heort foilure, or injury or compl AN DISEASES OR | sthenio, etc. It meon icotion which couse | s the disease, d death.) S ony, giving | (B) Hypell DUE 10, OR AS | Ensen E | | 5yrs |
| | heort foilure, or injury or compl AN DISEASES OR rise to the | shenio, elc. II meon icolion which couse ITECEDENT CAUSE CONDITIONS, iI | s the disease, d death.) S ony, giving | (B) Hypel DUE 10, OR AS | Ensen E | | 5yrs |
| | heort foilure, or injury or compl AN DISEASES OR rise to the | shenio, elc. Il meonicotion which couse ITECEDENT CAUSE CONDITIONS, il obove couse (A) | s the disease, d death.) S ony, giving | (B) H4720 DUE 10, OR AS | Ensen E | | 5yrs |
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| | heori foilure, or injury or compl AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH | Il meon icotion which couse itecedent cause CONDITIONS, if obove couse (A) CONDITION lost. Il ant conditions couse item of the condition of the conditions couse item of the conditions of the con | s the disease, d death.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V | (B) H4720 DUE 10, OR AS | Ensen E | ssertied | FINDINGS CONSIDERED USES OF DEATH? |
| AL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF C Ve Atrick 21 A. ACCIDENT | INTERPRETATION WAS UNDERLYING WAS UNDERLYING ICONOISION ICONOI | s the disease, d death.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RIT 1 (A). NOTION FOR VERFORMED | (B) DUE 10, OR AS (C) OR AS | A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No | SSENTIELD 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? The City, give exact location |
| ICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF C 21 A. ACCIDENT OR CONTRIBUTED OF CONTRIBUTED DEATH (notify m | INTERPRETATION AS UNDERLYING NG CAUSE OF CAUSE O | s the disease, d death.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERORMED 21B. hometc.) | (B) DUE 10, OR AS (C) OR AS | 20A. AUTOPSY? (Yes or No YES | 20B. IF YES, WERE IN CERTIFYING CA | USES OF DEATH? |
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| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COLO 1974. DATE OF COLO 21A. ACCIDENT OR CONTRIBUTION CONTRI | INTERPRETATION AS UNDERLYING NG CAUSE OF CAUSE O | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR VERFORMED 21B. hometc.) | (B) DUE 10, OR AS (B) DUE 10, OR AS (C) OR AS (C) OR AS (C) OR AS (C) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS | 20A. AUTOPSY? (Yes or No YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? | 20B. IF YES, WERE IN CERTIFYING CA | USES OF DEATH? |
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| MEDICAL CERTIFIC | heori foilure, or injury or compl AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF COIT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION (APPROX.) | INTERPRETATION IN PARTICIPAL PERATION IN PARTICIPAL PROPERTY IN PARTICIPAL PROPERTY IN PARTICIPAL PERATION IN PARTICIPAL PERATICIPAL PERATICIPAL PERATICIPAL PERATION IN PARTICIPAL PERATICIPAL | s the disease, d death.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218, how etc., which was a stolength of the death of | WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of the injury occurred by the injury occurred | 20A. AUTOPSY? (Yes or No YES in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? | 208. IF YES, WERE IN CERTIFYING CA | e City, give exact location |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION (APPROX.) | Interest of the series of the | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218. hometc.) (Hour) 21E. White the slowest control of | (B) DUE 10, OR AS (B) DUE 20, OR AS (C) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR | 20A. AUTOPSY? (Yes or No YES) in or obout 21 C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ | 208. IF YES, WERE IN CERTIFYING CA | e City, give exact location |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION (APPROX.) | ishenio, etc. II meonicotion which couse itection which couse (ITECEDENT CAUSE CONDITIONS, if obove couse (A) CONDITION lost. II ANTI CONDITION S COUSE (A) BUT NOT RELATED TO NOTION GIVEN IN PARTICLA TO NOTION (Technology) (Year In the Couse of the Couse | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218. hometc.) (Hour) 21E. White the slowest control of | (B) DUE 10, OR AS (B) DUE 20, OR AS (C) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR AS (D) OR AS (E) OR AS (D) OR | 20A. AUTOPSY? (Yes or No YES in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? | 208. IF YES, WERE IN CERTIFYING CA | e City, give exect location) |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COITY OF THE DEATH DISEASE OR COITY OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) | ishenio, etc. II meonicotion which couse itection which couse (ITECEDENT CAUSE CONDITIONS, if obove couse (A) CONDITION lost. II ANTI CONDITION S COUSE (A) BUT NOT RELATED TO NOTION GIVEN IN PARTICLA TO NOTION (Technology) (Year In the Couse of the Couse | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218. hometc.) (Hour) 21E. White the slowest control of | MHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of the deceased from the deceased | 20A. AUTOPSY? (Yes or No YES in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJury on the property of the body ofter death. | O) 20B. IF YES, WERE IN CERTIFYING CA | e City, give exact location) |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF CO 21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m 22 D. TIME OF INJURY (APPROX.) 22 L certify th that (() (we) to ond haur and the 23 A. SIGNATURE | Interest of the second | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218. hometc.) (Hour) 21E. White the slowest control of | MHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, oi he deceased from (We) (did) (did not) v | 20A. AUTOPSY? (Yes or No YES in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJ 19 | 20B. IF YES, WERE IN CERTIFYING CA | e City, give exact location 19 6 nion death occurred an the |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF C 21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m 22 L certify th that () (we) to ond haur and to 23 A. SIGNATURE 23 C. PHYSICIAN NAME (Typ | Interest of the series of the cause of the c | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hom etc.) (Hour) 21E. White the dolive on the ded of the dolive on the dolive on the dolive obove. | MHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, oi he deceased from (We) (did) (did not) v | 20A. AUTOPSY? (Yes or No YES in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJ 19 | O) 20B. IF YES, WERE IN CERTIFYING CA | e City, give exact location 19 6 nion death occurred an the |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF C 21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m 22 L certify th that () (we) to ond haur and to 23 A. SIGNATURE 23 C. PHYSICIAN NAME (Typ | ishenio, elc. II meonicotion which couse itection which couse (ITECEDENT CAUSE CONDITIONS, il obove couse (A) CONDITION lost. II ANT CONDITION S COUSE (A) BUT NOT RELATED TO NOTIFIC NO TO SERVING TO SERVING (ITERIT NO S | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hom etc.) (Hour) 21E. White the dolive on the ded of the dolive on the dolive on the dolive obove. | WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of the deceased from the | 20A. AUTOPSY? (Yes or No YES) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJury ond the price of the bidge of | OD 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimor OURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | nion death occurred an the |
| MEDICAL CERTIFIC | heori foilure, or injury or compl AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF COITS AND THE DEATH (notify more properly of the total o | Interior elc. Il meonicotion which couse total mean icotion which couse itecedent CAUSE CONDITIONS, il obove couse (A) CONDITION lost. Il ANT CONDITIONS CONDITIONS CONDITION IN THE LATED IN PARTICIPATION GIVEN IN PARTICIPATION (IN THE LATED IN THE LAT | ony, giving stolling the DNTRIBUTING THE TERMINAL RT 1 (A). OHOUSE THE TERMINAL RT 1 (A). | WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of the deceased from the | 20A. AUTOPSY? (Yes or No YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJury ond the price of the bidge of t | ODE OF YES, WERE IN CERTIFYING CAN (If in Boltimor OURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | e City, give exact location) 19 6 nion death occurred an the |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT 19 A. DATE OF C Ventrul 21 A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L certify that () (we) to ond haur ond (23 A. SIGNATURE 23 A. SIGNATURE (Typ) BURIAL CREM. REMOVAL (Spr) | Interior elc. Il meonicotion which couse total mean icotion which couse itecedent CAUSE CONDITIONS, il obove couse (A) CONDITION lost. Il ANT CONDITIONS CONDITIONS CONDITION IN THE LATED IN PARTICIPATION GIVEN IN PARTICIPATION (IN THE LATED IN THE LAT | ony, giving stolling the DNTRIBUTING THE TERMINAL RT 1 (A). OHOUSE THE TERMINAL RT 1 (A). | WHICH OPERATION PLACE OF INJURY (e.g., in foctory, street, of the deceased from the | 20A. AUTOPSY? (Yes or No YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJury ond the price of the bidge of t | ODE OF YES, WERE IN CERTIFYING CAN (If in Boltimor OURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | nion deoth occurred an the |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19 A. DATE OF CO 21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m 22 D. TIME OF INJURY (APPROX.) 22 L certify th that (() (we) 10 23 A. SIGNATURE 23 C. PHYSICIAN' NAME (Typ BURIAL CREM. REMOVAL (Spo | Interior elc. Il meonicotion which couse itection which couse itection which couse itection which couse itection which couse (A) CONDITIONS, il obove couse (A) CONDITION lost. II ANT CONDITION S BUT NOT RELATED TO NOTITION GIVEN IN PARTICLE TO NOT RELATED TO NOTITION GIVEN IN PARTICLE OF COURSE OF COUR | ony, giving sloling the only, giving sloling the only slower than the only sloling the only | MHICH OPERATION Colombia At Work Colombia At W | 20A. AUTOPSY? (Yes or No YES in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJury on the body ofter deoth. 23D. ADDRESS Baltimo 4940 Eastern Avenual Phonias Ph | OP 20B. IF YES, WERE IN CERTIFYING CA (If In Boltimor OURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | nion deoth occurred an the |
| MEDICAL CERTIFIC | DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT 19 A. DATE OF C Ventrul 21 A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L certify that () (we) to ond haur ond (23 A. SIGNATURE 23 A. SIGNATURE (Typ) BURIAL CREM. REMOVAL (Spr) | Interior elc. Il meonicotion which couse itection which couse itection which couse itection which couse itection which couse (A) CONDITIONS, il obove couse (A) CONDITION lost. II ANT CONDITION S BUT NOT RELATED TO NOTITION GIVEN IN PARTICLE TO NOT RELATED TO NOTITION GIVEN IN PARTICLE OF COURSE OF COUR | ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED (Hour) 21E. Whit work with the dolive on the do | MHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of the deceased from the deceased | 20A. AUTOPSY? (Yes or No YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. How DID INJury ond the price of the bidge of t | ODE OF YES, WERE IN CERTIFYING CA (If In Boltimor URY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | nion deoth occurred an the |

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VS 150-REV. 1/1/6B

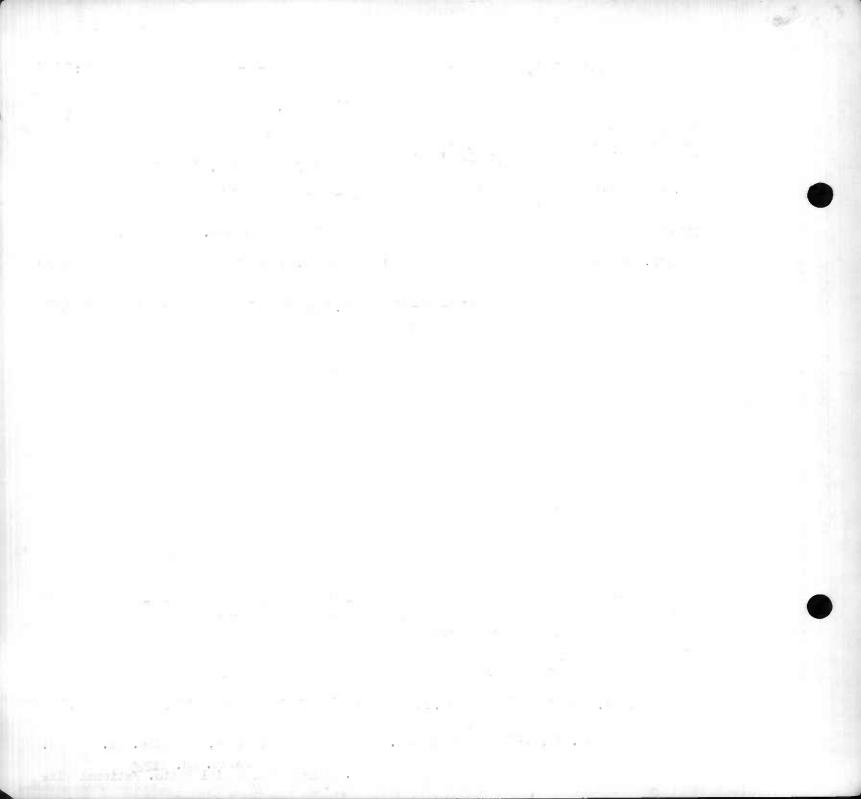




VS 150-REV. 1/1/68

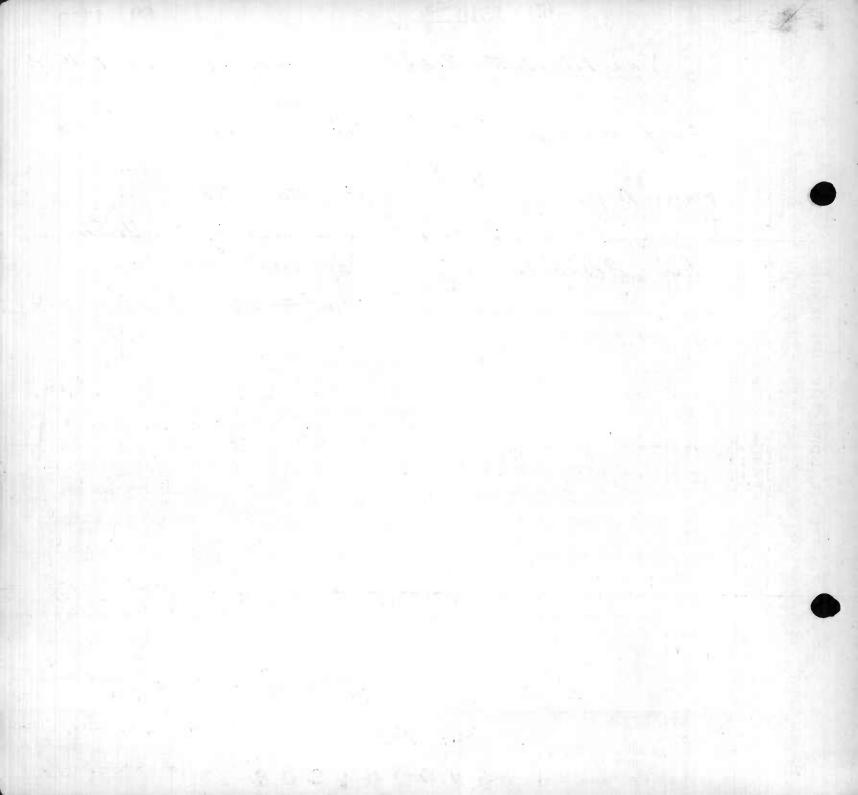


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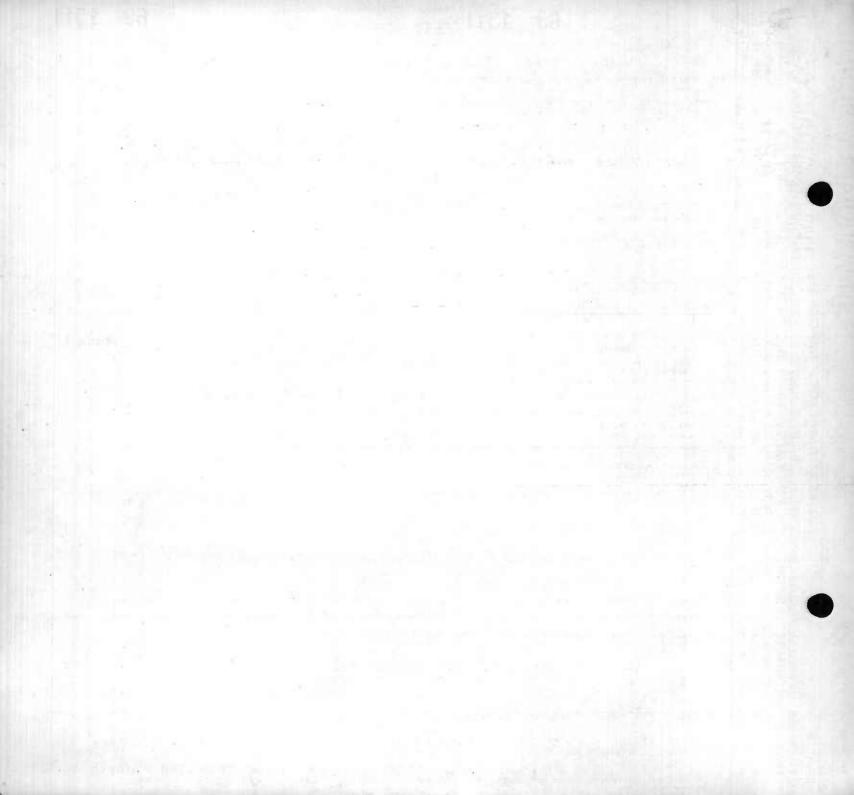


| 69 | 2000 | Y HEALTH DEPARTMENT REG. NO. | 69 1509 |
|---|--|--|--|
| BIRTH NO. 1. NAME OF DECEASED (CIPOVE), CARRIE VIRGI | | 2. DATE AND HOUR OF DEA | |
| | | FEBRUARY 6, 1 | |
| 3. PLACE IN BALTIMORE, MARYLAND, WH ST AGNES HOSPITAL FULL NAME OF (IF NOT IN HOSPITAL | OR INSTITUTION, GIVE STREET | 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY MARYLAND RESIDENCE (Where deceased lived, B. COUNTY | Il institution: residence belaro admission |
| | | C, CITY OR TOWN D. I | NSIDE CITY LIMITS? |
| WILKE'NS AND CATON A | VENUES | BALTIMORE | YES NO TO |
| DAI TIMODE MADVI AND | 04000 | E. STREET AND NUMBER | |
| | 21229 | 2320 OLD FREDERICK | ROAD |
| FEMALE WHITE | MARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH 9. AGE (in years last blythday) 76 | If Under 1 Yr. It Under 24 Has Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10 dane during most at working life, even it retired) | B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) | 12. CITIZEN OF WHAT COUNTR |
| SALES CLERK | DEPARTMENT STOR | E MARYLAND | |
| 13. FATHER'S NAME | DET ARTHERT STOR | 14. MOTHER'S MAIDEN NAME | USA |
| | DFC 15 | | |
| Clarence Butts | DEC 'D | Carrie Hudson | DEC 'D |
| 5. Was Deceased Ever in U. S. Armod Forces Tos, no ar unknown) (If yes, give wer ar dotes of | | 17- INFORMANT RECORD IS | BALTI MORRESSMD 212 |
| NO | 219 22 828 | 5 ST AGNES HOSPITAL | WILKENS & CATON |
| 18. 4 / / 01 | CAUSE OF DEAT | H | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost. | aling the (C) | A CONSEQUENCE OF: | *************************************** |
| OTHER SIGNIFICANT CONDITIONS CONTI | TERMINAL QC - H- | micrefic panera | tiots. |
| 19A DATE OF OPERATION 19B CONDIT | ON FOR WHICH OPERATION | YES 20A-AUTOPST? (Tes of No.) 20B IF TES, WEI | RE FINDINGS CONSIDERED |
| OR CONTRIBUTION TO CO. | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | n ar about 21.C. WHERE DID (If in Baltin fice bidg., INJURY OCCUR? | nore City, give exact lacation) |
| DEATH (natify medical examined) 21D-TIME (Month) (Day) (Teal) (I APPROX. | Haud 21 E INJURY OCCURRED While At Not While Work At Wark | 21F. HOW DID INJURY OCCUR? | |
| 22. I certify that (1) (this hospital) a | | BRUARY 4, 1969 to FE | BRUARY 6, 1969 |
| that (M (we) lost sow the deceased o | live on FEBRUARY 6 | | pinion death occurred on the dat |
| and hour and from the couses stated | obove. (1) (We) (did) (did Not) | | |
| 23A. SIGNATURE | / | and and and and | 23 R. DATE SIGNED |
| of or of | l Dham | nding Med. Staff Phys. | 02 06 69 |
| 23C.PHTSICIAN'S NAME (Typo) | DEGREE Phys | 20 100 | |
| 2.449 | | DAL | TIMORE, MARYLAND |
| MEHDIZADEH, HAN | OEGREE! | ST AGNES HOSPITAL-WIL | |
| 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | 24C. NAME of CEMETERY OF CRE | MATORY 24D. LOCATION | City, town, or county) (State) |
| Burial Feb. 8, 1 | 969 Meadowbranch C | em. Westminster. | Ma |
| SA. DATE RECEP BY HEALTH DEPT. 251 | NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR Balto. Md. | 21 220 ADDRESS |
| 7 1000 111 | sent E, taybertin | G. Truman Schwab 5151 H | Balto, National Dika |
| S 150-REV. 1/1/68 | 70744 | | ve ve arougt tire |

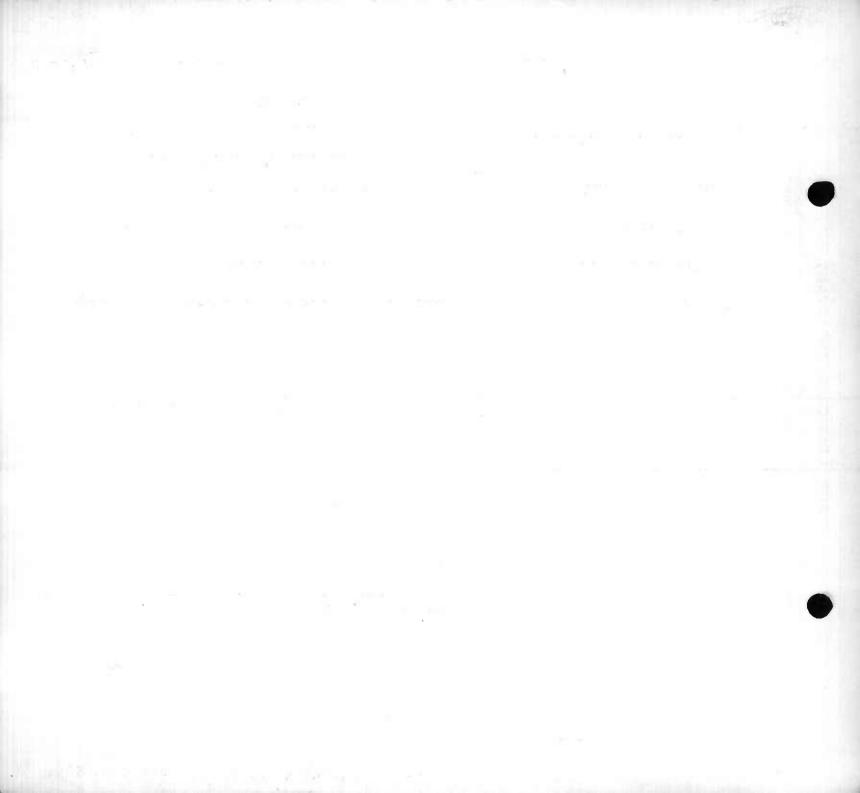
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| | 00 | 1514 | BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1511 |
|--|--|------------------|-------------------------|-----------------------------|------------------------------------|--|
| | 69 | 1511 | CERTIFICA | TE OF DEATH | REG. NO | 69 1511 |
| BIRTH NO. | - D | | CERTITION | | | |
| 1. NAME OF DECEASE | | (7000 | Ellen Van | | AND HOUR OF DEATH | T GIPM. |
| | | | | , | | titution: residence before odmission) |
| 3. PLACE IN BALIIM | ORE, MARYLAND, WHERE | KONOUNCE | D DEAD | A. STATE B. COU | INTY | illution; residence before damission) |
| FULL NAME OF | (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) | INSTITUTION | I, GIVE STREET | MARYLAND | | 19-01 |
| NISTITUTION | | | | C. CITY OR TOWN | | DE CITY LIMITS? |
| | NURSING , | 40 MZ | | BALTIMOI | 25 | YES NO |
| | AW PLACE | | | E. STREET AND NUMBER | 1620 Bolton | |
| | RE, MARXL, | | | | TAW PLA | |
| - | 1 1 | | EVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Months Doys Hours Min. |
| | | OWED | DIVORCED | September 8/1877 | 1 1 70 31 | |
| OA, USUAL OCCUPA' one, during most of worki | TION (Give kind of work 10 B, Kt | ND OF BUSH | NESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country! | 12. CITIZEN OF WHAT COUNTRY |
| HOUSEWIF | | | | Baltimore Co | • | V.S. |
| FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NA | AME | |
| thus | PERDIL | | | | | |
| Was Deceased Fun | PIRDUE (JI | | RDUE) | ANNE HOLM | | ADDRESS 37620 |
| es, no or unknown) (If | yes, give wor or dotes of se | | SECURITY NO. | Cahn El and | (son) | Bristol, XXXX |
| INK | (DOUBTFUL) | 21 | 8-10-91771 | 109 But | ler Drive, | TENN. |
| 18. 412 | 41 | | CAUSE OF DEATH | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | R CONDITION DIRECTLY | | Card | iac arrest | | 10 Wente |
| | DING TO DEATH | | (A) IMMEDIATE CAU | | | 10 mans |
| | meon the mode of dying, nenio, etc. It meons the di | | DUE TO, OR AS A | CONSEQUENCE OF: | | |
| injury or complic | olion which coused death. |) | | | | |
| ANT | ECEDENT CAUSES | | a anteres | alientic cordier | salen dipoer | |
| | CONDITIONS, if ony, | | | A CONSEQUENCE OF: | | |
| rise to the o | bove couse (A) sloting | g the | (Semili | | | |
| ONDERETING C | | | (c) (cou.co | } | | |
| OTHER SIGNIFICAN | II CONDITIONS CONTRIBU | ITINIC | | | | |
| TO THE DEATH BU | NT CONDITIONS CONTRIBU UT NOT RELATED TO THE TERM | AINAL | | | | |
| | DITION GIVEN IN PART 1 (A). | FOR WHICH | H OPERATION | 20 A. AUTOPSY? (Yes or h | Nol 208, IF YES, WERE F | INDINGS CONSIDERED |
| 0 | WAS PERFORME | | | | IN CERTIFYING CAL | ISES OF DEATH? |
| 21A. ACCIDENT V | WAS UNDERLYING | 21B. PLAC | CE OF INJURY (e.g., in | or obout 21 C. WHERE DID | (If In Boltimore | City, give exact location) |
| OR CONTRIBUTING | G CAUSE OF | home, for | m, foctory, street, off | ice bldg., INJURY OCCUR? | | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, |
| | | | | | | |
| OF INJURY | onth) (Doy) (Year) (Hou | | JRY OCCURRED | 21F. HOW DID IN | ATURY OCCUR? | |
| (APPROX.) | | While At Work | Not While | · 🗆 | | |
| 22. I certify the | t (I) (this haspital) otter | nded the de | ceased from | Jaman 7 | 19 59 to F | chery 8 1969 |
| | t sow the deceased oliv | | February 8 | 15 | | ion death accurred on the date |
| | | | | | | non deam accurred on the dat |
| | im the couses stated ab | ove. (I) (We | o) (did) (did hbt) vi | iew the body after death | • | |
| 23A. SIGNATURE | h . / | | A | dia - | CALIF. CO. | 23B, DATE SIGNED |
| lh | Allnew - | - 1 | D. DEGREE Phys | nding Med. | Staff Phys. | Polo 8/69 |
| 23C. PHYSICIAN'S NAME (Type) | | COUNTY | DEGNEE | 25 455556 | | |
| MARREU | US P. ALBUST | 2118 | d.y. | 5713 CHINDUPPI | N PKWY OTE | Bach Hore No 21215 |
| 4A. BURIAL CREMAT | | | of CEMETERY OF CRE | | | y, town, or county) (State) |
| REMOVAL (Speci | ify) | | | | 101 | , |
| CREMATION | N 2/10/69 | | en Mount C | | Baltimore, M | |
| CREMATION 25A. DATE REC'D BY | HEALTH OERT GO 25B, N | AME OF RE | GISTRAR | 25C. FUNERAL DIRECTO | | ADDRESS |
| | - 1000 | man c | o actions of | STEWART & M | OWEN C0.108 | W.North Av.Cityl |
| VS 150-REV. 1/1/6B | | | | , , | d | |



| | 00 | 1 2 2 | BALTIMORE CITY | HEALTH DEPARTMEN | IT / | 69 | 1512 |
|--------------------|---|-----------------------|--|-------------------------|------------------------|---------------------------------------|------------------------------------|
| BIRTH NO. | 69 | 151 | 2 CERTIFICA | TE OF DEAT | H REG. NO. | | |
| I. NAME OF D | ECEASED | | | | E AND HOUR OF DEA | TH | |
| (Type or Print) | BESSON, J | ACOR | | | | 969 1 | 4.40 P. |
| 3. PLACE IN B. | ALTIMORE MARYLAND, W | HERE PRONO | UNCED DEAD | | | | : 0 1 U 1 A |
| | | | | A. STATE B. C | (Where deceased lived. | ir institution; residenc | e before odmission |
| FULL NAME O | F (IF NOT IN HOSPIT | AL OR INSTIT | UTION, GIVE STREET | MARYL | AND Word | ester | 73-00 |
| INSTITUTION | ADDRESS OR LOCA | AIIONI | | C. CITY OR TOWN | D. I | INSIDE CITY LIMITS? | |
| 1/7) CT | ACNEC HOODIT | | | STOCKTON | | YES 💢 | NO |
| 7051 | AGNES HOSPIT | AL | | E. STREET AND NUMB | ER | | |
| | | | | STOCKTON | , MARYLAND | 21864 | |
| 5. SEX | 6. RACE | 7- MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | | If Illador 24 No. |
| MALE | WHITE | WIDOWED | | 12 0/ 01 | last birthday | Months Doys | If Under 24 His. |
| OA. USUAL OC | CUPATION (Give kind of work | | | 12 06 81 | 0/ | | |
| cone curing most o | of working life, even if relifed) | 1 | POSIMESS OF IMPOSIKE | II. BIKIMPLACE (Stote o | r loreign country) | 12. CITIZEN OF | WHAT COUNTRY |
| RET | RED -Drafts | han | | MAR | RYLAND | US | Α |
| 3. FATHER'S N. | AME | | | 14. MOTHER'S MAIDEN | NAME | | |
| LAME | D DECCON | | | | | | |
| | B BESSON | | | REBECCA BE | KKSHIKE | | |
| yes, no or unknow | od Ever in U. S. Armed Formal lif yes, give wor or dote | ces? s of service) | SECURITY NO. | 17. INFORMANT | | ADDR | ESS |
| NO | | | 279017855 | ST ACMES | RECORDS - BA | UTO MD 21 | m 0 |
| 18. // / | 0 11 1 10 1 | | CAUSE OF DEATH | | KECOKD3 - DF | | |
| 4/8 | イング ゲーベン | 017 | | | * | BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| DIZE | ASE OR CONDITION DIS LEADING TO DEATH | RECTLY / | cereore | I Jufacet | | +9 | 4.4 |
| (This does | not mean the mode of | duina an | (A) IMMEDIATE CAU | SE CONSEQUENCE OF: | | 3 | WKS. |
| heort failure | , aslhenia, elc. il means | the disease. | DUE TO, OR AS | CONSEQUENCE OF: | | | *********** |
| injury or co | implication which coused | death.) | 10 | C. V. D. | | | |
| | ANTECEDENT CAUSES | | | | | | |
| DISEASES | OR CONDITIONS, if | anv. nivina | (B) | A CONSEQUENCE OF: | | | ***************************** |
| rise la 1 | he obove cause (A) | stating the | | TO HOLDEROLINGE OF . | | | |
| UNDERLYIN | IG CONDITION last. | -5-7 | (c) | | | | |
| | 11 | | America | ma-abolos | 1110 7/ 0 | | |
| OTHER SIGN | IFICANT CONDITIONS COL | NTRIBUTING | n ho | 1.0- 00000 | all all | 10. | |
| = 110 THE DEA | ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART | IE TEDMINIAL | plabe | tes mell | itus - | | |
| 19A. DATE O | OF OPERATION 198, CONI | DITION FOR V | VHICH OPERATION | 20A. AUTOPSY? (Yes | Nol 208 15 vee sare | DE EINDINGS COME | DERED |
| 19A. DATE O | WAS PERF | ORMED | | YES= | IN CERTIFYING | RE FINDINGS CONSI CAUSES OF DEATH? | DEKED |
| 21A ACCIDI | ENT WAS UNDERLYING | 210 | PLACE OF INTURY! | | | | |
| . OR CONTRIB | ENT WAS UNDERLYING DIUTING CAUSE OF | ham | PLACE OF INJURY (e.g., in e, form, factory, street, off | ce bldg. INJURY OCCU | D ((I in Boltin | more City, give exoct I | ocotion) |
| וט | y medical examined | etc.) | 20 20 100 | | | | |
| 21 D. TIME | (Month) (Doyl (Year) | (Hour) 21E | INJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | | |
| OF INJURY | | | | 1 | THE COURT | | |
| | | - wan | k L At Work | | | | |
| 22. I certify | y that (1) (this hospital) | attended th | e deceased fram | AN. 25 | 19_69_ta | FEB. 6 | 19 69 |
| |) last saw the decease | | FEB. 6 | (0 | | | |
| | | | | | d that in (my) (aur) a | ipinian deoth accu | rred an the date |
| and haur ar | nd fram the causes state | ed abave. (I) |) (We) (did) (did nat) vi | ew the body after dea | th. | | |
| 23A. SIGNAT | URE | | 10 | | | 23B, DATE SIGNI | D |
| 1// | Permedo la | ulin | Cu 2 - Atten | ding Med. | Stoff Phys. | 02 06 | 60 |
| 23C. PHYSICI | ANS | yes. | DEGREE Phys. | Director L | J Phys. ZN | 02 06 | 09 |
| PHYSICI NAME | | | | D. ADDRESS | 1101 | | 1 |
| ALE | ANDRO MESIA | 2 | | st Aguar Hospi | tal - Catons i | Nil Kelos K | was. |
| 4A. BURIAL CR | EMATION, 24R DATE | 24C. NA | ME at CEMETERY OF CREA | AAJGRY 1941 | | (City, town, or county | 1 151-1-1 |
| REMOVAL | | 4 | | | | • | |
| Buria | | | by Presbyte | | tockton-Wo | rcester-M | laryland |
| 5A. DATE REC'I | BY HEALTH DEPT. | 25B NAME O | F REGISTRAR | 25G FUNERAL DIREC | TOR | | RESS |
| | EEB 11 1969 | 20 B | C Too C. MA | Dan & A | | Pocomoke | City Mc |
| 'S 150-REV. 1/1 | | 4 37 | C SUCHARION TO | THANK! | MALSON | 2 000 MOILO | or of the |

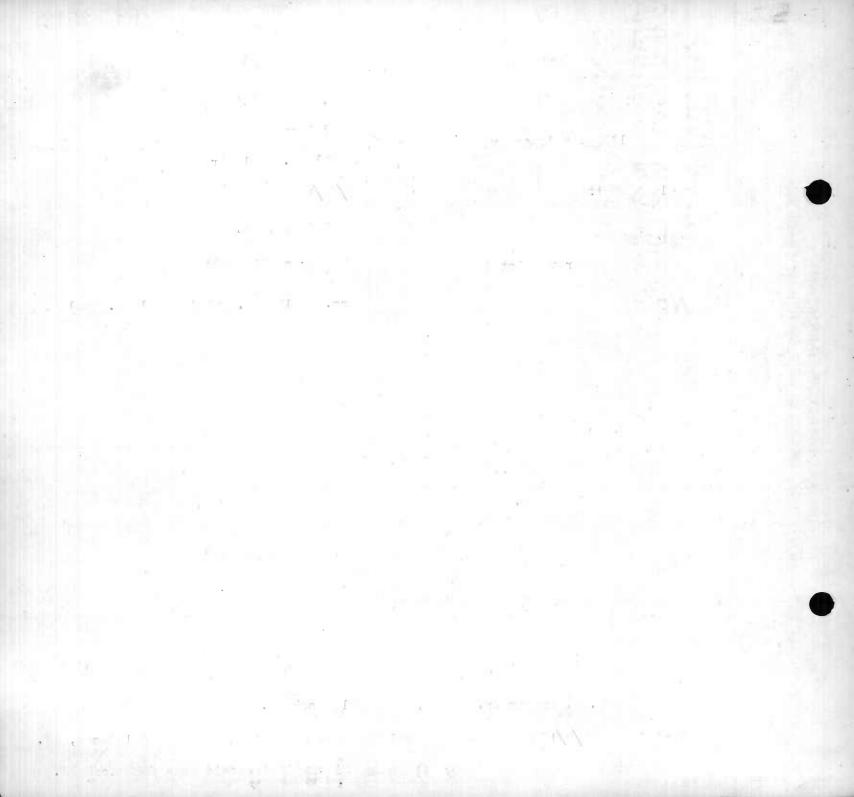


| | AME OF DEC | EASED | | | 2. DA | TE AND HOUR OF | DEATH | |
|------------------|--|--|--|---|---|----------------------------------|-------------------------|---|
| (Ty | pe or Print) | M | lary A. | Ciotti | 2 | /5/1969 | | |
| 3. | PLACE IN BAL | TIMORE, MARYL | | RONOUNCED DEAD | 4. USUAL RESIDENCE | | ed. If institution; re: | sidence before odmiss |
| HC | LL NAME OF | (IF NOT IN ADDRESS O | HOSPITAL OR I | INSTITUTION, GIVE STREET | Md. | Baltimore | D. INSIDE CITY LIA | 12-02 |
| | 2011011011 | | | | Baltimore | | YES T | NO |
| 7 | 0 | 115 E. 1 | Melrose A | Ave | E. STREET AND NUM | | | |
| | | | | | 3501 St. | Paul Street | | |
| 5. 5 | SEX | 6. RACE | 7- MAI | RRIED NEVER MARRIED | | 9. AGE (In year | | 1 Yr. If Under 24 Doys Hours Mi |
| | Female | White | WIDO | WED DIVORCED | 2/28/1894 | 74 | Months | Doy's Hours Will |
| | | | | NO OF BUSINESS OR INDUST | | | 12. CITIZ | EN OF WHAT COUN |
| | ** | working life, even if | f retired) | | Baltimore | . Wa. | | |
| 13. | FATHER'S NA | ME | | | 14. MOTHER'S MAIDE | | | |
| | | | rew Ciot | | Across | Vincenti | | |
| 1.5 | Was Dansasad | Ever in U. S. Ar | | | | ATMCGMCT | | ADDRESS |
| | | | | | | | | |
| (те | s, no or unknown | (If yes, give wo | | Vice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS |
| (те | 18.4/0 | (If yes, give wo | or or dotes of ser | SECURITY NO. | Mrs. Pauli | Re C. Rabai | 3501 St. | Paul S. |
| (Te. | DISEASES (| Off yes, give wo | ION DIRECTLY DEATH mode of dying, I means the discoused deoth, ICAUSES | CAUSE OF DEA G.g., Seose, (B) DUE TO, OR DUE TO, OR | Mrs. Pauli ATH D with Pu | | 3501 St. | Paul S. |
| (Te. | DISEASES (rise la lh | SE OR CONDITI LEADING TO I tool meen the m osthenia, etc. It uplication which ANTECEDENT COR | ION DIRECTLY DEATH node of dying, means the discoused deoth.l CAUSES IS, if any, (see (A) stoting | CAUSE OF DEA G.g., Seose, (B) DUE TO, OR DUE TO, OR | Mrs. Pauli D with Pu AUSE AUSE AUSE AS A CONSEQUENCE OF: | | 3501 St. | Paul S. |
| ATION | OTHER SIGNIFTO THE DEAD | SE OR CONDITI LEADING TO I lol meen lhe m osthenia, etc. II aplication which ANTECEDENT C DR CONDITION obave caus | ION DIRECTLY DEATH mode of dying, i means the dis coused deoth.l CAUSES IS, if any, is (A) stoling lost. ONS CONTRIBUTIENT TERM | CAUSE OF DEA CAUSE OF DEA (A) IMMEDIATE C DUE TO, OR A giving (B) DUE TO, OR (C) TING | Mrs. Pauli D with Pu AUSE AUSE AUSE AS A CONSEQUENCE OF: | | 3501 St. | Paul S. |
| ATION | DISEASES (rise la lh- UN DERLYING OTHER SIGNIF TO THE DEAT | SE OR CONDITI LEADING TO I LEADING TO I lol meen the m osthenia, etc. II aplication which ANTECEDENT C OR CONDITION e obave caus G CONDITION II CICANT CONDITION H BUT NOT RELAT ONDITION IIV OPERATION IIV | ION DIRECTLY DEATH mode of dying, I means the dis coused deoth.I CAUSES IS, if any, ise (A) stoling lost. ONS CONTRIBUTION TO THE TERM N IN PART 1 (A). | CAUSE OF DEA G.g., Geose, (B) DUE TO, OR A TING INAL FOR WHICH OPERATION | Mrs. Pauli ATH D with Pu AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: | Cuonar W | 3501 St. | Paul S. APPROXIMATE INTERVETWEEN ONSET AND D HRIGH, 19 Glack |
| AL CERTIFICATION | This does report for the property of the DISEASES (Crise to the UNDERLYING) OTHER SIGNIFITO THE DEAT DISEASE OF COMPANDATE OF CONTRIBUTE OF C | SE OR CONDITI LEADING TO I LEADING TO I lol meen the m osthenia, etc. II aplication which ANTECEDENT C OR CONDITION e obave caus G CONDITION II CICANT CONDITION H BUT NOT RELAT ONDITION IIV OPERATION IIV | ION DIRECTLY DEATH node of dying, means the discoused deoth. CAUSES AS, if any, goes (A) stoling lost. ONS CONTRIBUTION THE TERM NIN PART 1 (A). PRESCONDITION AS PERFORMED LYING | CAUSE OF DEA G.g., Geose, (B) DUE TO, OR A TING INAL FOR WHICH OPERATION | Mrs. Pauli D with Pu AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes Autopsy) In or obout 21 C. WHERE | ON NOT 20B. IF YES, IN CERTIFYII | 3501 St. | Paul S. APPROXIMATE INTERVETWEEN ONSET AND D HUT, PAUL S. APPROXIMATE INTERVETWEEN ONSET AND D CONSIDERED EATH? |
| CERTIFICATION | This does report for the property of the DISEASES (Crise to the UNDERLYING) OTHER SIGNIFITO THE DEAT DISEASE OF COMPANDATE OF CONTRIBUTE OF C | SE OR CONDITI LEADING TO I LEAD | ION DIRECTLY DEATH mode of dying, I means the discoused deoth, ICAUSES IS, if any, ise (A) stoling lost. ONS CONTRIBUTED TO THE TERM N IN PART I (A). 198. CONDITION VAS PERFORMED LYING OF | CAUSE OF DEA G.g., e.g., peose, (B) DUE TO, OR TING INAL FOR WHICH OPERATION 21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.) | Mrs. Pauli ATH D world Pu AUSE AS A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes office bldg,, INJURY OCC 21 F. HOW D | ON NOT 20B. IF YES, IN CERTIFYII | y Edema | Paul S. APPROXIMATE INTERVETWEEN ONSET AND D HUT, 1 Pyleus CONSIDERED CONSIDERED |

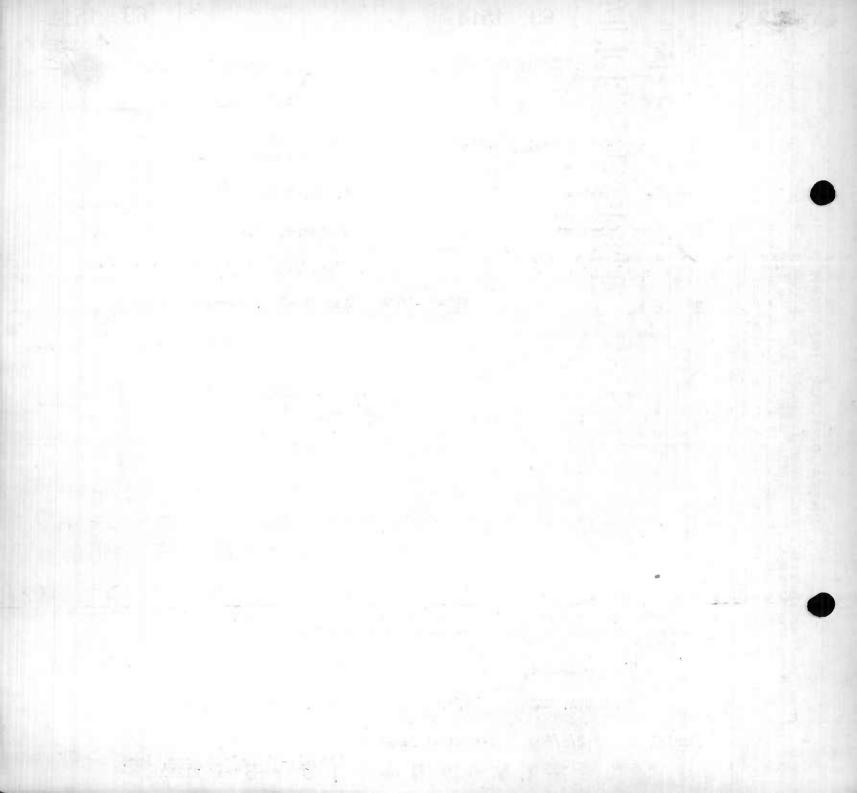
(##E) (dfd) (dld nat) view the bady after death. 23 B. DATE SIGNED 23A. SIGNATURE Attending C Med. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Wm. H. Kammer 6011 York Rd. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) Burial 2/8/1969
25A. DATE REC'D BY HEALTH DEPT. | 25 New Cathedral Cemetery Edmondson Ave Baltimore, Md.

Mitchell Wiedefeld Home 6500 York Rd.

VS 150-REV. 1/1/68

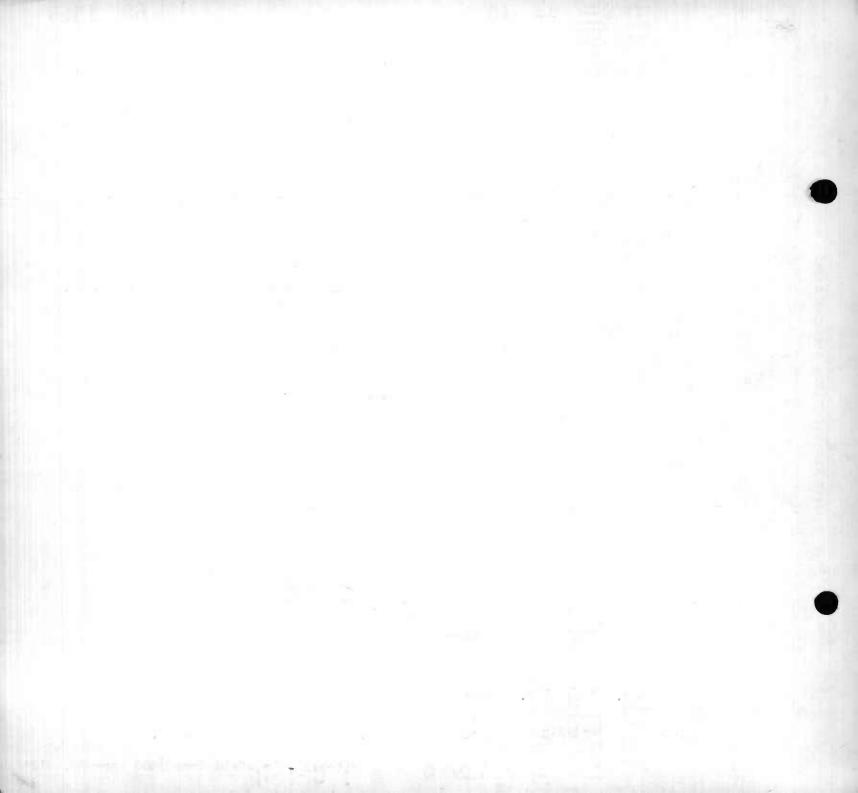


| | 6 | 9 15 | .17 | HEALTH DEPARTMENT | | 69 1511 | | | |
|-------------------------------------|---|--|---|--|------------------------------------|--|--|--|--|
| BIRTH NO. | 0 | | CERTIFICA | TE OF DEATH | REG. NO. | 00 1.0.14 | | | |
| INAME OF DEC | EASED | | | 2. DATE | AND HOUR OF DEATH | | | | |
| Type or Print) | M. CELE | STE JOH | NSON | Fal | bruary 3rd. 1 | 060 1 930 | | | |
| 3. PLACE IN BAL | IMORE MARYLAND, V | The state of the s | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland Baltimore 27-68 | | | | | |
| FULL NAME OF | (IF NOT IN HOSPIT | AL OR INSTIT | TUTION. GIVE STREET | | | | | | |
| FULL NAME OF HOSPITAL OR NSTITUTION | ADDRESS OR LOC | ATION) | TUTION, GIVE STREET | C. CITY OR TOWN | Da I CIMOPO | SIDE CITY LIMITS? | | | |
| 10 | | | | | | YES NO K | | | |
| H Ma | ryland Genera | al Hosp | ital | E. STREET AND NUMBE | R | | | | |
| | | | | 6131 Parkway Drive-12 | | | | | |
| SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years last birthday) | If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min. | | | |
| Female | White | WIDOWED | | Oct. 23, 189 | 5 73 | | | | |
| | JPATION (Give kind of wor vorking life, even if retired) | 10B. KIND O | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or | foreign country) | 12. CITIZEN OF WHAT COUNTR | | | |
| | e Operator | C | % P | Baltimore, 1 | Vd. | USA | | | |
| 3. FATHER'S NAM | | | ~ • | 14. MOTHER'S MAIDEN | | USA | | | |
| 7.7 | | | | M | | | | | |
| Wm. A. | Johnson, Sr. | 10002 | 1 6. SOCIAL | Mary Jane | Keogh | ADDRESS | | | |
| es, no or unknown) | (If yes, give wor or dote | s of service) | SECURITY NO. | 17. INFORMANT | | ADDRESS | | | |
| no | | | 212-03-6547 | Miss Ethel 1 | Johnson (S: | ister) | | | |
| 18. | 0.2 | | CAUSE OF DEAT | H | , | APPROXIMATE INTERVAL | | | |
| rise to the | R CONDITIONS, if abave couse (A) CONDITION lost. | | | A CONSEQUENCE OF: | | | | | |
| TO THE DEAT | ICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI OPERATION 1986 CON | HE TERMINAL RT 1 (A). | WHICH OPERATION | 20 A. AUTOPSY? (Yes o | , Not 208 IE VEC MERE | EINDINGS CONSIDERED | | | |
| 19A. DATE OF | WAS PER | | WHICH OFERATION | ZOO. AUTOPST: Tres 0 | | FINDINGS CONSIDERED AUSES OF DEATH? | | | |
| OR CONTRIBU | TING CAUSE OF | 211 hor etc | B. PLACE OF INJURY (e.g., i me, farm, loctory, street, o | n or obout 21 C. WHERE DI ffice bldg., INJURY OCCUI | D (If in Boltimo | re City, give exact location) | | | |
| 21 D. TIME | (Month) (Day) (Year) | (Hour) 218 | INJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | | | | |
| OF INJURY | | | hile At Not Whil | | | | | | |
| | | W | | 7 | 5/ | El 3 66 | | | |
| | that (1) (this hospita | | 1. // | are f | 19 V # to / | EV D 1967 | | | |
| that (I) (we) | last saw the decease | ed alive an | 7ªV 10 | 19.69and | d that in(my) (our) ap | inian death accurred an the da | | | |
| and hapr and | and haper and from the causes stated above. (1) (We) (did) (did not) view the body after death. | | | | | | | | |
| 23A. SIGNATU | VE / | 1 | 0/ | / | | 23B, DATE SIGNED | | | |
| | less f | lin | 7 Dhy | ending Med. | Staff Phys. | 2/5/69 | | | |
| 23C. PHYSICIA | | // | DEGREE | 23D. ADDRESS | | 1 / / | | | |
| NAME (T | | DD | w n | 2000 11 01 | 1 01 | | | | |
| | CHARLES A. CA | | M.D. DEGREE | 3900 N. Char | les Street | City, town, or county) (State) | | | |
| Burial | BY HEALTH DEPT. | Ca | thedral Cemet | 25C. FUNERAL DIREC | Balto. | | | | |
| SA. DATE REC'D | man s | 25B. NAME | OF REGISTRAR | Mitchell -Wi | edefeld Home | Inc. | | | |
| | 11 1969 | D 03 6 | 46 95 A . A | 0 6500 Y | edefeld Home, | Z. I.O. | | | |
| S 150-REV. 1/1/6 | В | 1000 | | | | | | | |



IMPORTANT

FUNERAL DIRECTOR:



69 1516 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE

| 69 | 1516 | |
|----|------|--|
| | | |

| BIRTH NO. | REG. NO. |
|--|---|
| 1. NAME OF DECEASED ADDR | 2. DATE Known Month Doy Year Hour |
| (Type or Print) PEGGY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | OF DEATH Estimoled February 7,1969 2:28 A. M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Yeor Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | February 7, 1969 2:28 A. M. |
| OR INSTITUTION | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| ST. AGNES HOSPITAL (DOA) | A. STATE Maryland B. COUNTY Anne Arundel |
| Female White B. MARRIED M NEVER MARRIED WIDOWED DIVORCED | C. CITY OR TOWN BLANK STORY Glen Burnie YES NO M |
| 9. DATE OF BIRTH July 24, 1931 10. AGE (In yeors last birthdoy) 37 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. | |
| 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. | 13. FATHER'S NAME Edward Glascock |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR | |
| done during most of working life, even if retired) | Mildred Cope |
| Waitres Connley Resturant 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | |
| (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. | (oucie) |
| | Mr. Robert Cope 1200 Wilson Rd. Glen Bu |
| 19. CAUSE OF DEA | BETWEEN ONSET AND DEATH |
| | ion of heart and lungs |
| LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR | |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | AS A CONSEQUENCE OF: |
| Crush | injury to thorax |
| | AS A CONSEQUENCE OF: |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| (c) | |
| OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | /AS PERFORMED 21. AUTOPSY? (Yes or No.) |
| O A | |
| | yes |
| UTING CAUSE OF DEATH. | , in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) 3 ce bldg., etc.) INJURY OCCUR? Washington Blvd and New Lansdowne Rd. 22F. HOW BID INJURY OCCUR? |
| 220 THAT (March) (Day) (March) 225 BATHERY OCCURRED | 22F. HOWDID INJURY OCCUR? |
| (APPROX.)Feb.7,1969 2:13 A. m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO | TWHILE IN Driver lost control and struck pole |
| 23. | utopsy 🖾 ond that an this bosis, death in my apinion |
| | de Homicide Undetermined monner |
| resulted from: Notural causes Accident 23 | CHIEF MEDICAL EXAMINER |
| ACTUAL A LA MALLON | ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE M. | D |
| EXAMINER'S | ASSOCIATE MEDICAL EXAMINER 2/7/69 |
| NAME (Type) Ronald N. Kornblum M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | or CREMATORY 24D. LOCATION (City, town, or county) (Slote) |
| REMOVAL (Specify) | emorial Park Glen Burnie, Manyland |
| Burial 2/10/69 Glen Haven M | 25C. FUNERAL DIRECTOR ADDRESS |
| 25A. DATE REC'D BY HEALTH DERT 25B. NAME OF REGISTRAR | En Cotherner |
| ABOUTA AT ABOUT. | Singleton Funeral Home Olen Burnie, M |
| VS 151-REV. 1/1/6B N 862-13 9 6 9 0 | 001515 |

a marked fritz and the village of the party of the

IMPORTANT

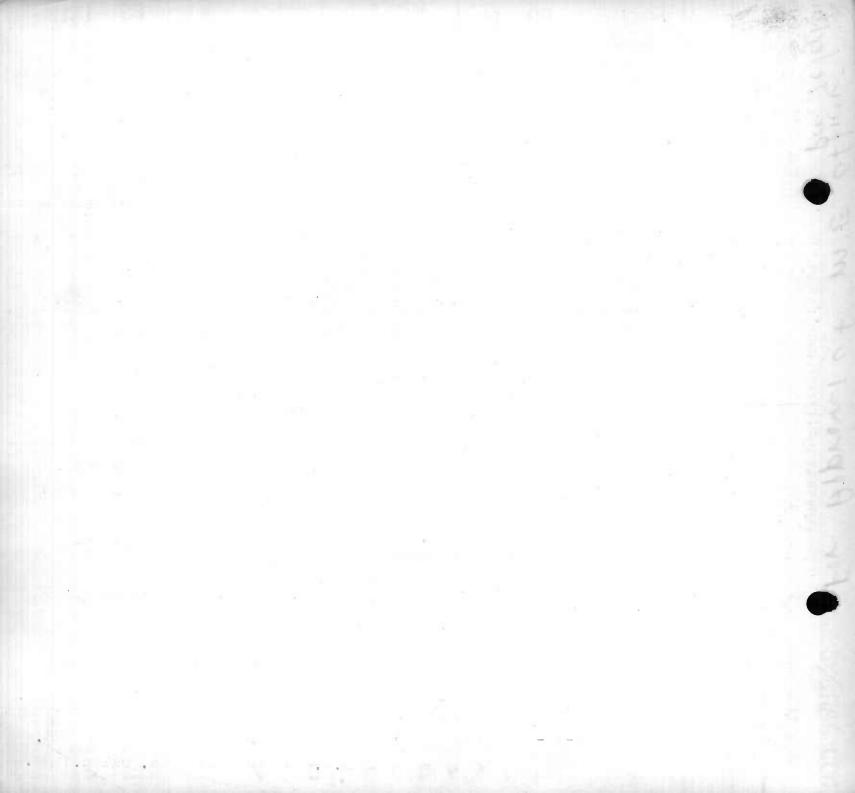
DIRECTOR:

FUNERAL

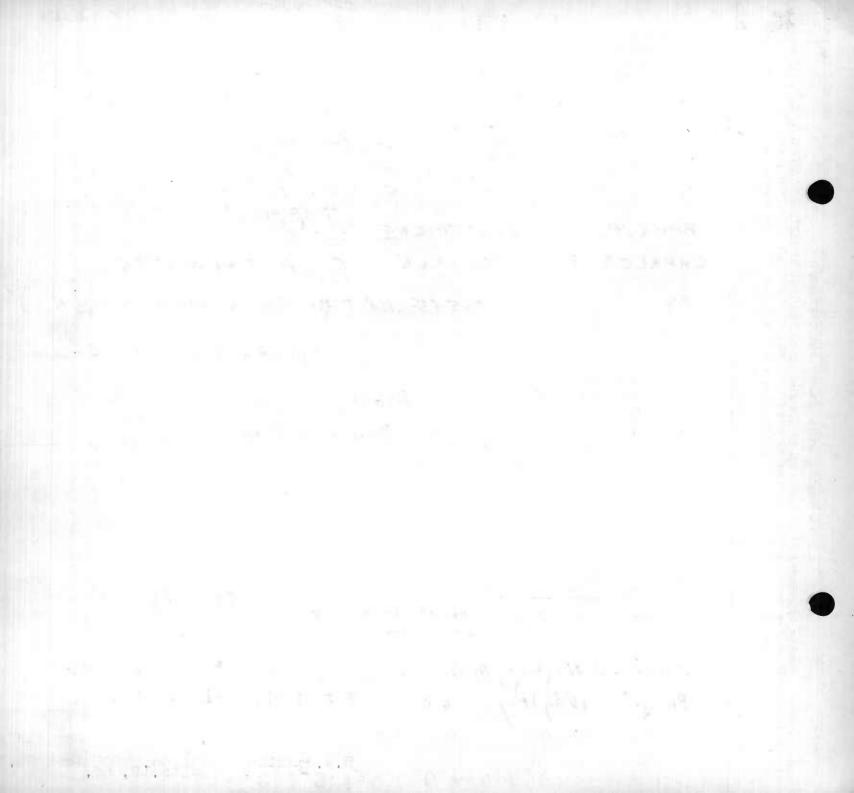
BALTIMORE CITY HEALTH DEPARTMENT

201 10 er ender Brail 1969

| 300 | W-400 69 1518 CERTIFICATE OF DEATH REG. NO. 69 1518 |
|--|---|
| the the | 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH |
| al de de on | (Type or Print) LECN J. VOLLEY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) |
| Se of death | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD |
| The same of | HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO |
| i go | E. STREET AND NUMBER |
| d prede | 5. SEX 6. RACE 7. MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. |
| trib min guli sed | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 9. AGE (In yeors lost birthdoy) 1 Under 1 Yr. 1 Under 24 Hrs. Months Days Hours Min. Min. |
| re r | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| in a signification of the sign | ACCOUNTANT ACCOUNTING MASSACHUSETTS U.S.A. |
| if d t) U was | 13. FATHER'S NAME |
| A transfer | CARL A. VOLLEY ACICE W. SMITH 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS |
| TAI ista he he cinc | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. |
| ass ass | |
| APP | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH But the green mond, blother triveren onset and Death LEADING TO DEATH CAUSE OF DEATH CAUSE |
| A - Consolination | (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: |
| OR OR | ANTECEDENT CAUSES Laconec's Curhosi; / year |
| S A A A A A A A A A A A A A A A A A A A | DISEASES OR CONDITIONS, if ony, giving Due TO, OR AS A CONSEQUENCE OF: |
| 3 (3) e x i i i | rise to the obove couse (A) stoling the to the underlying Condition lost. |
| AL D nedice odical overns; | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| ER man | DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| Chi | Yes |
| Fig. 2) | OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? |
| Spirit were | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| ho ho | Work At Work |
| ppre any (ex | 22. I certify that (I) (this hospital) ottended the deceased fram 1/27/67 19 69 to 2/7 19 69 |
| 5 th a c th | |
| ust be ased dent ospit | 23A, SIGNATURE |
| a ho | DEGREE Phys. Director Phys. |
| was r An a | 23C. PHYSICIAM'S NAME (Type) ALL AD D LED EN M-D. 23D. ADDRESS UNION MEM. (40.) |
| iffice (1) Av. | ACCAN DESCRIPTION DEGREE 24A. BURIAL CREMATION, 24B. DATE 24A. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| body Ws. (U | Burial 2-10-69 Dulaney Valley Timonium Md. |
| his no as | 25A. DATE REC'D BY HEALTH DEATO 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. Balto., Md. |
| = + | VS 150-REV. 1/1/68 |



VS 150-REV. 1/1/6B

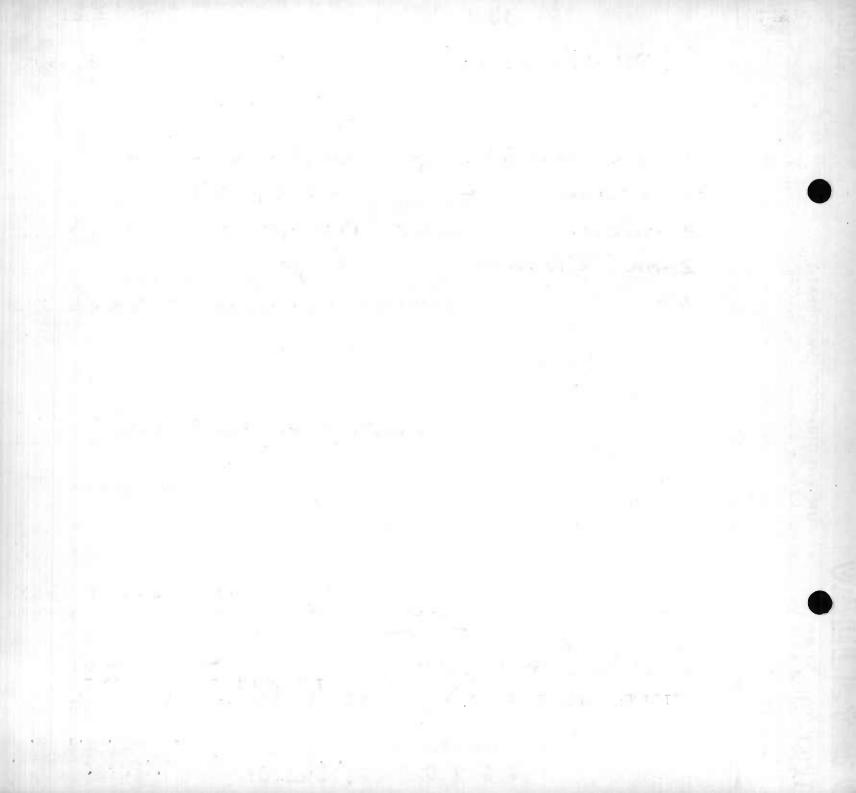


FUNERAL DIRECTOR: IMPORTANT

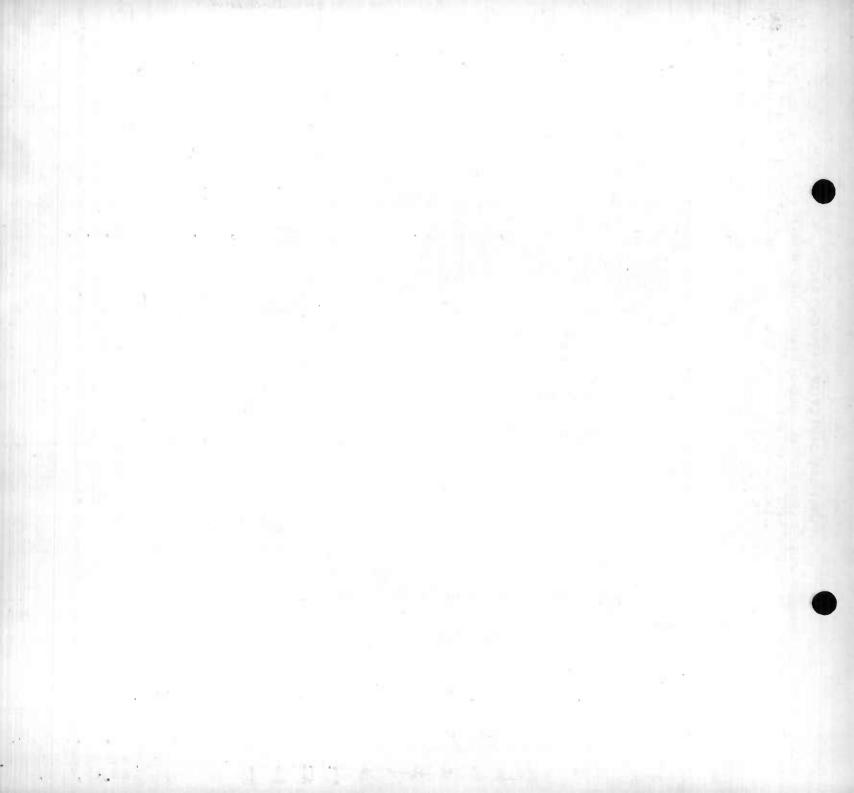
| 2907 0 | D Blair | ENDED | 4. USUAL RESIDENCE (Who A. STATE B. COUR Md. C. CITY OR TOWN Baltimore | NTY | 1969 4:00 A.A. institution: residence before admission 12-01 ISIDE CITY LIMITS? YES NO |
|--|---|--|---|------------------------------------|--|
| 00 3007 6 | reenway | | 807 Green | wav | |
| 5. SEX 6. RACE Whit | | D NEVER MARRIED DIVORCED | B. DATE OF BIRTH 7-7-1888 | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hr. Months, Doys Hours Min. |
| IOA. USUAL OCCUPATION (Give done during most of working life, ever Lawyer | kind of work 10 B. KIND | | | | 12. CITIZEN OF WHAT COUNTR |
| 13. FATHER'S NAME Montague Blai | r | | 14. MOTHER'S MAIDEN NA Sarah Abrah | | |
| (15. Wos Deceosed Ever in U. S. (Yes, no or unknown) (If yes, give | Armed Forces? | SECURITY NO. | 17. INFORMANT 2 Mrs. Anne S | D2 o d oo | ADDRESS |
| DISEASES OR CONDITION TISE to the above ca UNDERLYING CONDITION II | nuse (A) stating the Nost. | (c) | A CONSEQUENCE OF: | | |
| O UTHER STUNIFICANT CONDIT | | | 20 A. AUTOPSY? (Yes or N | o) 208. IF YES, WER | E FINDINGS CONSIDERED |
| A DISEASE OR CONDITION GIV | 19B. CONDITION FOI WAS PERFORMED | R WHICH OPERATION | No | III CERIII IIII C | AUSES OF DEATH? |
| DISEASE OR CONDITION GIVE DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exom | 19B. CONDITION FOR WAS PERFORMED ERLYING 2 SE OF 2 | TB. PLACE OF INJURY (e.g., iome, form, factory, street, of | NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | | ore City, give exoct location) |
| TO THE DEATH BUT NOTRE! DISEASE OR CONDITION GIV 19A. DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exom | 198. CONDITION FOR WAS PERFORMED ERLYING 2 SE OF e | TB. PLACE OF INJURY (e.g., in ome, form, factory, street, of | n or obout 21 C. WHERE DID ffice bldg, INJURY OCCUR? | (If in Boltim | |
| DISEASE OR CONDITION GIVE 1994. DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exom 21D. TIME (Month) (Do OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) last sow the | 198. CONDITION FOR WAS PERFORMED ERLYING 2 | TIB. PLACE OF INJURY (e.g., iome, form, factory, street, of trc.) TE. INJURY OCCURRED While At Not While At Work It the deceased from | 21F. HOW DID IN 21F. HOW DID IN | (If in Boltim | |

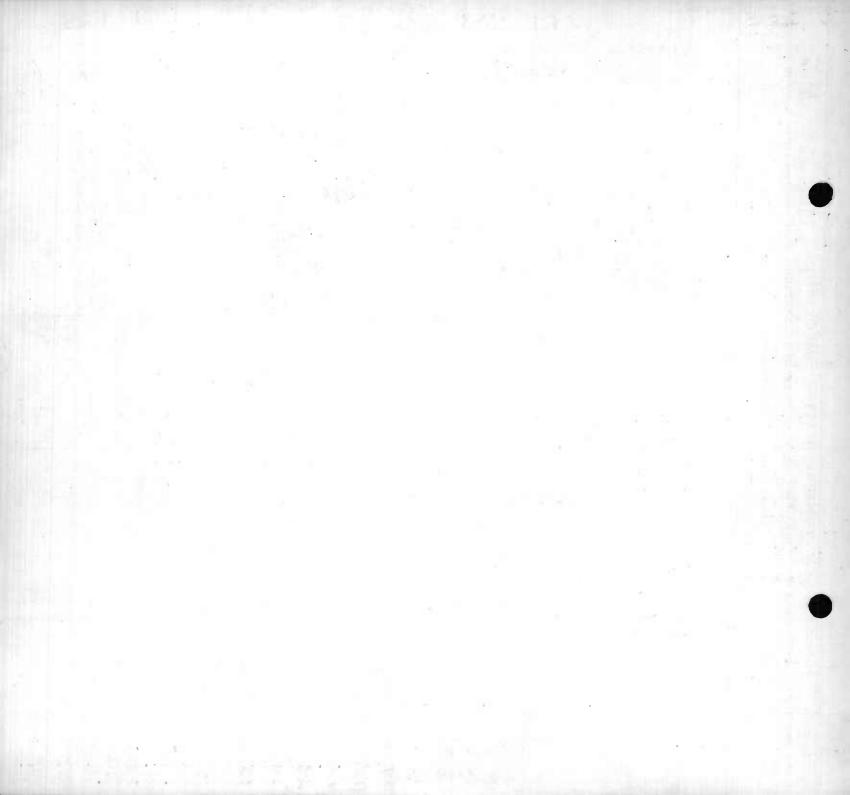
Letter from Dr. Franklin E. Leslie 2-24-69 M.H.

| 00 4 | BALTIMORE CITY | HEALTH DEPARTMENT | / | 60 1501 |
|--|--|---------------------------------------|----------------------------------|--|
| | 521 CERTIFICA | TE OF DEATH | REG. NO | 03 1361 |
| BIRTH NO. | | | | |
| 1. NAME OF DECEASED (Type or Print) Sthell Kir Di | 200 | | HOUR OF DEATH | 18155 PM |
| | ONOUNCED DEAD | 4. USUAL RESIDENCE (Where | deceased lived. If in | stitution: residence before admission) |
| FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) | ASTITUTION, GIVE STREET | C. CITY OR TOWN 2 | alto. | IDE CITY LIMITS? YES NO \(\bigcap \) |
| | | E. STREET AND NUMBER | | ` · |
| S. SEX 6. RACE 7. MADE | = = | | Kirk | 129 |
| To de la | WED DIVORCED DIVORCED | 5 14-0F | ost birthday | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIN | | 11. BIRTHPLACE (State of foreign | | 12. CITIZEN OF WHAT COUNTRY |
| House Wife & U | IN HOME | marylan | d | USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | NE (| |
| THOMAS Crank | ier | Olivail | Dlay | |
| S. Was Decoased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv | 1 6. SOCIAL SECURITY NO. | 17. INFORMAN | ERRUMAN | I'smi ADDRESS d. |
| No | 213-48-978 | 2 COL- WILL | (AM BA) | (TER PHOUNTS |
| 1B. 427.01 | CAUSE OF DEAT | 4 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | 2001000 | 10 | |
| (This does not mean the mode of dying, heart foilure, asthenio, etc. It means the dise | | A CONSEQUENCE OF: | 100 | |
| injury or complication which coused death.) | .056, | | | |
| ANTECEDENT CAUSES | (B) | | | |
| DISEASES OR CONDITIONS, il ony, gi | | A CONSEQUENCE OF: | 1 | |
| UNDERLYING CONDITION lost. | (c) Heu | te Congest | rive Fail | Ure |
| 7 | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTI | NG NAL | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | OR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE | FINDINGS CONSIDERED |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIS DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING | | No | IN CERTIFYING CA | |
| U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) | 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) | | (If In Boltimor | e City, give exoct locotion) |
| 21D. TIME (Month) (Doy) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJU | JRY OCCUR? | |
| (APPROX.) | While At Not While At Work | e 🗌 | | |
| 22. 1 certify that (1) (this hospital) attend | ed the deceased fram | 2- | 969 to 6 | 2-6 1967 |
| that (H) (we) last saw the deceased alive | | | it in (m y) (aur) api | nian death accurred on the date |
| and hour and fram the causes stated abav | e. (I) (We) (did) (did not) v | iew the bady after death. | | 23B. DATE SIGNED |
| 101 | Alte | nding Med. | Shaff Phys. | 2-6-69 |
| 23C. PHYSICIAN'S NAME (Type) | D _{GREE} Phy | 22D ADDRESS | | L HOSP I TAL |
| STEPHEN GOLDBERGER | | | · le Rel | Saltin. |
| | C. NAME of CEMETERY OF CRI | MATORY 24D. LC | CATION (C | ity, town, or county) (Stote) |
| Burial 2/10/69 | Druid Ridge | Pike | sville. H | Balto Co. Md. |
| 2SA. DATE REC' W HEALTH DEPT. 2SB. NA | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR H.W. Jenkins | & Sons Co | 4905 York Rd. |
| , 410430 | UNI WAS LLEDWING THE | | Balto | |

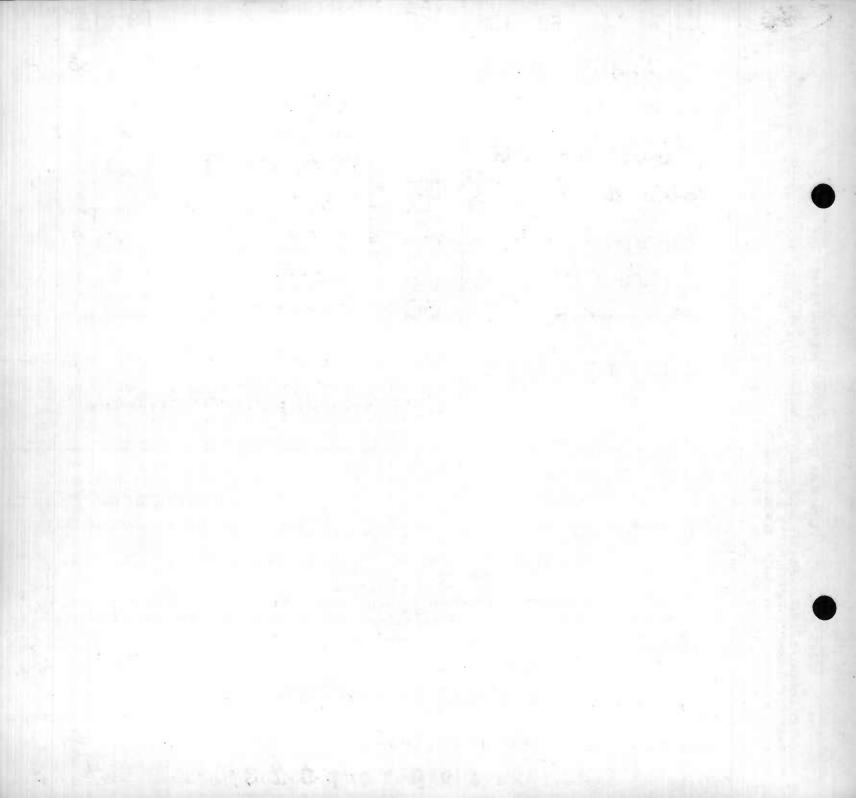


VS 150-REV. 1/1/6B





| | 00 4 | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 100. |
|---|--|---|--|------------------------------------|---|
| | | 524 CERTIFICA | TE OF DEATH | REG. NO. | 69 1524 |
| | IRTH NO. NAME OF DECEASED | | 2. DATE AN | D HOUR OF DEATH | |
| | ype or Printl IVA M. Leec | h | Feb | 6,1969 | 17:00 PM. |
| 3 | PLACE IN BALTIMORE, MARYLAND, WHERE PR | ONOUNCED DEAD | A. STATE B. COUN | e dec€osed lived. 11 inst TY | titution: residence before admission) |
| 1 | ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) | NSTITUTION, GIVE STREET | MARY LAND | D. INSID | 25-05 DE CITY LIMITS? |
| | 1100 MINETA CZ | | BAltimore | | YES NO |
| 10 | O Baltimore, Me | | E. STREET AND NUMBER | | |
| e | | J., | 1100 MINETA | (t. | |
| S. S. | SEX 6. RACE 7. MAR | RIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min. |
| 5 | | WED DIVORCED | 4-30-1878 | 90 | |
| | DA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| d III | | n Home | Penna. | | USA. |
| 50 1. | B. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | AE | |
| 0 | Joseph Goff | | Phoebe in | VILSON | |
| D 1: | . Was Deceased Ever in U. S. Armed Forces? | 16. SOCIAL | 17. INFORMANT | V1.307 | ADDRESS |
| TING | es, no or unknown) (II yes, give wor or dotes of serv | SECURITY NO. | Bernice B | loals | About |
| | 118. | CAUSE OF DEATH | Dernice D | 1901 | 1 APPROXIMATE INTERVAL |
| ō | DISEASE OR CONDITION DIRECTLY | | | 11 10 10 | BETWEEN ONSET AND DEATH |
| E E E E E E E E E E E E E E E E E E E | LEADING TO DEATH | A MANAGRIATE CALL | " Con the | Heart Vail | Sdasol |
| E | (This does not meon the mode of dying, | e.g., (A) IMMEDIATE CAU | A CONSEQUENCE OF: | man rug | are says |
| 0 | heart failure, asthenia, etc. It means the disc injury or complication which coused death.) | eose, | | | |
| E | ANTECEDENT CAUSES | - Charles | ton we Words | Riseroulas | NO 2 - C |
| 0 | DISEASES OR CONDITIONS, if ony, gi | iving DUE TO DR AS | A CONSEQUENCE OF: | word according | Service |
| 0 | rise to the above cause (A) stating UNDERLYING CONDITION last. | | | | |
| remains | UNDERCTING CONDITION ldsi. | (C) | | | |
| Ē i | OTHER SIGNIFICANT CONDITIONS CONTRIBUT | ING | | | |
| | TO THE DEATH BUT NOT RELATED TO THE TERMI | | | | |
| Pe i | 19A. DATE OF OPERATION 19B. CONDITION | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No. | | INDINGS CONSIDERED |
| 0 | WAS PERFORMED | | No | IN CERTIFYING CAU | SES OF DEATH? |
| ō | 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) | 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | n or obout 21 C. WHERE DID , fice bldg., INJURY OCCUR? | (If in Boltimore | City, give exact location) |
| | 21D-TIME (Month) (Doy) (Year) (Hour) | 21E, INJURY OCCURRED | 21F. HOW DID INJU | URY OCCUR? | |
| Ξ : | (APPROX.) | While At Work Not While At Work | | | |
| brained | 22. I certify that (I) (this hospital) attend | A | 1961 | 96/10 | A. 10/9 |
| 0 | | 011 | / @ | | 1967. |
| D | that (+) (we) last saw the deceased alive | 1 | | at in(my) (out) apin | ian death accurred an the date |
| S | and haur and from the causes stated above | ve. (f) (We) (did) (did nes) v | iew the body after death. | | |
| E | 23A. SIGNATURE - | Atte | nding Med. | Shaff | 23B. DATE SIGNED |
| <u> </u> | Mand J. Dea | DEGREE Phys | Director L | Phys. | Ter 6/1969 |
| 6 | 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | 111- 111.1 | 1 An 110 |
| approval must | MARIO J, REDA | -MO DEGREE | 40/6 RITC | HE HWY | 13 HITO, 191. |
| | 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | C. NAME of CEMETERY OF CRE | MATORY 24D, LC | CATION (City | y, town, or county) (State) |
| 6 | Demoval Burn 2691 | green Moun | + We | st Charle | er Po. |
| Le la | | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | CITCSI | ADDRESS |
| 3 | 1 1969 R. B | at & otaberta | OHW touting | t Jone Co | Balto Md |
| | S 150-REV 1/1/68 | | | 7777 | |



FUNERAL DIRECTOR: IMPORTANT

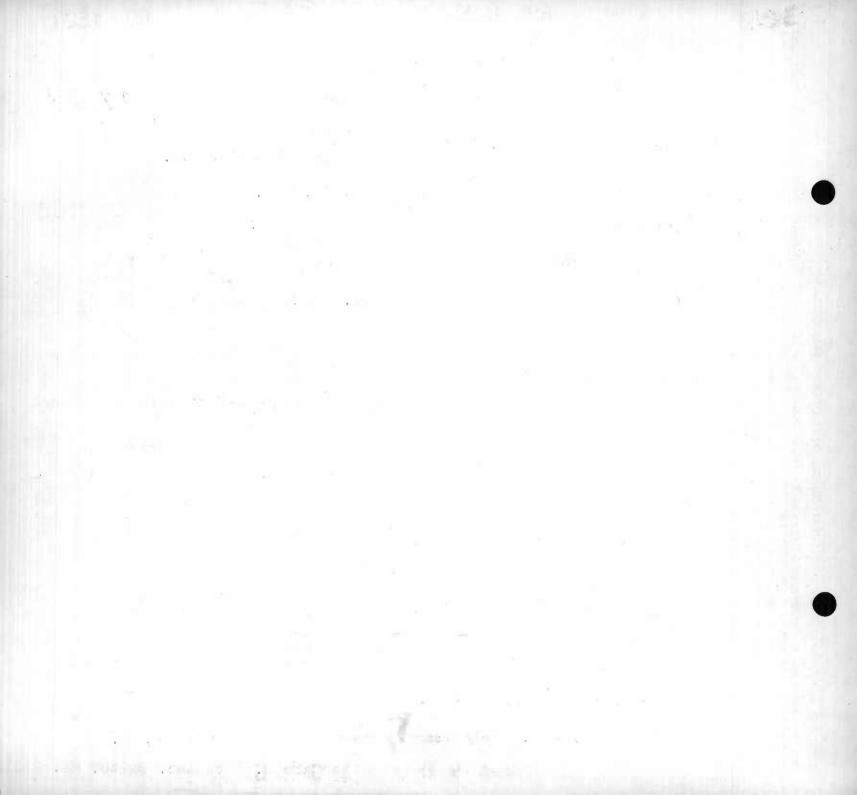
| 1 | MARY T | BLANCHE | ALEXANDER | | ruary 5 | |
|------------------|--|--|--|--|--|--|
| 3. | PLACE IN BAL | | WHERE PRONOUNCED DEAD | | Vhere deceased lived. | . If institution: residence before |
| FU | ILL NAME OF | (IF NOT IN HOSPIT | TAL OR INSTITUTION, GIVE STREET | Maryland | ONT | 27-3 |
| H | STITUTION | ADDRESS OR LOC | ATION) | C. CITY OR TOWN | D. | INSIDE CITY LIMITS? |
| 1 | 4203 W | Joodstock A | ve., Balto.Md. | Baltimore E. STREET AND NUMBER | | YES X NO |
| 1 | 00 | | | | | . Balto. 6, M |
| 5. | SEX | 6. RACE | 7- MARRIED NEVER MARRIED | | 9. AGE (In years lost birthdoy) | |
|] | Female | White | WIDOWED X DIVORCED | 2/22/1879 | 89 | Wollins Doys Hours |
| 104 | USUAL OCCI | UPATION (Give kind of wor | k 108, KIND OF BUSINESS OR INDUST | | foreign country) | 12. CITIZEN OF WHAT |
| | Housewi | working life, even if retired) IO | | Md. | | U.S.A. |
| 13. | FATHER'S NA | | mom. | 14. MOTHER'S MAIDEN | | ~ |
| | | seph Thalheir | | Catheri | ne Deberin | g |
| | s, no or unknown | Ever in U. S. Armed Fo | | 17. INFORMANT | 4,4,5 | ADDRESS |
| | no | | 215-01-7798 | D James A. Alex | ander sai | me |
| | 18. 153 | 0 1 | CAUSE OF DE | ATH |) | APPROXIMATE BETWEEN ONSET |
| | DISEAS | SE OR CONDITION DI | IRECTLY / O | 0 | 00 | The state of the s |
| | | LEADING TO DEATH | / CANIMMEDIATE C | AUSE) | leur | 0 |
| | (This does n | nol mean the made of asthenia, etc. It means | dying, e.g., DUE TO, OR | AS A CONSEQUENCE OF | - 0 | |
| | | plication which caused | | Muakus | a & une | ma |
| | injuly of Cult | | - | | 1 | |
| | | ANTECEDENT CAUSES | 2 4 - 1 | 110 - 0/2 | Lilin | 1 |
| | DISEASES C | OR CONDITIONS, if | any, giving any, giving | AS A CONSEQUENCE OF | failur | 4 |
| | DISEASES C | OR CONDITIONS, if a obave cause (A) | any, giving any, giving | AS A CONSEQUENCE OF | failur | Qui . |
| | DISEASES C | OR CONDITIONS, if | any, giving any, giving | AS A CONSEQUENCE OF SLEEP OF | failur lersor | lesso |
| NO | DISEASES Orise to the UNDERLYING | OR CONDITIONS, if a obave cause (A) G CONDITION last. | any, giving stoting the 3 (SILLL) | AS A CONSEQUENCE OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL | failur lessose es arth | lenz int |
| ATION | DISEASES OF TISE TO THE DEAT DISEASE OF C | OR CONDITIONS, if a obave cause (A) CONDITION last. I CLANT CONDITIONS CONTROL CONDITIONS CONTROL CONDITIONS CONDITION GIVEN IN PAINT ON THE CONDITION GIVEN IN PAINT CONDITION GIVEN IN PAINT CONDITION GIVEN IN PAINT COND | any, giving but to, or stoling the S. (Stuly on the Terminal State of the terminal State | AS A CONSEQUENCE OF SILL of as | failur lernose sarth | Lung int |
| | DISEASES Orise to the UNDERLYING | OR CONDITIONS, if a obove cause (A) G CONDITION last. II CONDITION STATE TO | any, giving Subject to, or stoting the Subject to or other stoting the Subject to or other stoting the subject to or other sub | AS A CONSEQUENCE OF ALL OF AS A CONSEQUENCE OF | lerasel lerasel selace No 208. IF YES, W IN CERTIFYING | VERE FINDINGS CONSIDERED CAUSES OF DEATH? |
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| LINIA | I NO. | CERTIF | ICATE OF DEATH | |
|------------------|---|--|---|--|
| Туре | CECELIA CECELIA ACE IN BALTIMORE, MARYLAND, W | PRODANCHEK | 2. DATE AND HOUR OF DI 2-7-69 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY | 11 P |
| HOSE | NAME OF (IF NOT IN HOSPIT PITAL OR ADDRESS OR LOCA ITUTION | AL OR INSTITUTION, GIVE STREE ATION) | Maryland c. City or town | INSIDE CITY LIMITS? YES X NO \(\text{NO } \text{NO } \(\text{NO } \text{NO } \text{NO } \text{NO } \(\text{NO } \text{NO } \text{NO } \text{NO } \(\text{NO } \text{NO } \text{NO } \text{NO } \(\text{NO } \text{NO } \text{NO } \text{NO } \text{NO } \) |
| 0 | 0 6217 Ridgeview | Ave. #6 | Baltimore E. STREET AND NUMBER 6217 Ridgeview Av | |
| | emale White | 7. MARRIED X NEVER MARRIE WIDOWED DIVORCE | _ | 8 If Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| done o | during mast of working tife, even if retired) Housewife | | Maryland | USA |
| 13. FA | John | Pawlak | | mes ? |
| 5. Wo | as Deceased Ever in U. S. Armed For no or unknown) (If yes, give war or date No | ces? 16. SOCIAL SECURITY NO. | Mr. Zachary Prodanchek | ADDRESS (Same) |
| NO O | UNDERLYING CONDITION lost. II DITHER SIGNIFICANT CONDITIONS CO O THE DEATH BUT NOT RELATED TO T | NTRIBUTING HE TERMINAL | I. Entero Colitis | 6 hours |
| | 9A. DATE OF OPERATION 198. CON WAS PER | T 1 (A). DITION FOR WHICH OPERATION | × | WERE FINDINGS CONSIDERED G CAUSES OF DEATH? |
| _ 0 | DIA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examines) | | Y (e.g., in or about 21 C. WHERE DID (If in Boreet, office bldg., INJURY OCCUR? | Oltimore City, give exact location) |
| AEDI 0 | (TD.TIME (Month) (Day) (Year) DF INJURY APPROX.) | While At N | ED 21F. HOW DID INJURY OCCUR? of While 1 Work | |
| | 2. I certify that (I) (this hespital | | 1960 to 1969 and that in(my) (| 2-7 1969 |
| tl | hat (I) (we) last saw the decease and hour an <u>d f</u> ram the causes sta | and the second second second | | apinion death accurred an the d |
| th | and hour and from the causes sta 3A. SIGNATURE | ted above. (I) (Wa) (did) (did | net) view the body after death. | 23B, DATE SIGNED |
| 23 | Jaul S. Musicans Paul G. | ted above. (I) (We) (did) (did) Mueller | Attending Med. Staff | |
| 23 | Jaul S. Musicans Paul G. 6411 Belair | Mueller Rd., Balto Md. | Attending Med. Stoff Phys. 23D. ADDRESS | 23B, DATE SIGNED 2 - 8 - 69 |
| 23 23 24A. | Jaul S. Musicans Paul G. | Mueller Rd., Balto Md. 24c.NAME of CEMETERY | Attending Med. Director Phys. 23D. ADDRESS DEGREE OF CREMATORY 24Q, LOCATION | 23B. DATE SIGNED |



IMPORTANT

DIRECTOR:

FUNERAL

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Remarks A. Date int. - The St.

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69 1528 BALTIMORE CITY HEALTH DEPARTMENT

69 1528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| BIRTH NO. | REG. NO. |
|--|--|
| 1. NAME OF DECEASED (Type or Print) CARL S. WHITAKER | 2. DATE Known X Month Day Year Hour OF Estimated February 8, 1969 |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION | 3. DATE Month Day Year Haur February 8, 1969 6:00 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) |
| Union Memorial Hospital (DOA) | A. STATE Maryland B. COUNTY 2, 7-62 |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED \$\(\bigs\) | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. | Baltimore YES NO |
| June 11,1913 lost birthdoy) Months, Days, Hours Min. | 4204 Elsrode Avenue |
| 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. | I3. FATHER'S NAME Louis Whitaker |
| 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) | |
| Salesman | Bessie Sanders 18. INFORMANT ADDRESS |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknawn) (If yes, give wor ar dotes of service) No 17. SOCIAL SECURITY NO. 217-03-0316 | 25 D 4 G 7 D 4 4 |
| 19. CAUSE OF DEA' | TH APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY Arterioso | elerotic cardiovascular disease |
| LEADING TO DEATH | AUSE |
| (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) | AS A CONSEQUENCE OF: |
| ANTECEDENT CAUSES (R) | |
| | AS A CONSEQUENCE OF: |
| I I IINDERIVING CONDITION LAST | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED [21. AUTOPSY? (Yes or No) |
| Ö | Yes |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED | in or obout 22C. WHERE DID (If in Boltimare City, give exact location) e bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY | 22F. HOW DID INJURY OCCUR? |
| (APPROX.) m. WHILE AT WORK AT W | WHILE ORK |
| 23. I certify that I held an Inquiry Inspection Au | tapsy 🔯 and that an this basis, death in my opinian |
| resulted from: Natural causes X Accident Suicid | Hamicide Undetermined manner |
| ACTUAL OF STATE | CHIEF MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE M.D | ASSISTANT MEDICAL EXAMINER X |
| EXAMINER'S Charles S. Springate, M.D. | ASSOCIATE MEDICAL EXAMINER February 9, 1969 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) | or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| Burial 2/12/69 Lorraine Park | Baltimore, Maryland |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| REB 11 1969 Colour E. Jashayna | Leonard J Ruck Inc Baltimore, Maryland |
| VS 151-REV. 1/1/68 | 0 1 5 2 7 |

54 64 6 restation of whether or different to Charles C. Seria 224 indicated a second for the second sec

VS 150-REV. 1/1/6B

LAM STATE Softier were fit collective years of your field f Management . one work that the state of the

B-615

| RID | TH NO. | | WEL | ICAL | - EX | AMINER 5 | LEKITI | CATE OF | DEAT | REG. NO | | |
|--|---|-------------------------------------|----------------------------------|--------------------|---------|---|--------------|------------------|-----------------|-------------------|-----------|---|
| 1. 1 | JAME OF DEC | EASED | 0 | | | | 2. DATE | Known 🔲 | Month | Doy | Year | Hour |
| (Тур | e ar Print) | ANNE TET | BOUR | BON | | | OF DEATH | Estimoted | Febru | ary 7,19 | 969 | 10:45 Am. |
| 4. F | LACE IN BAL | IIMORE, MA | RYLAND, V | | | | 3. DATE | | Month | Doy | Yeor | Hour |
| HOS | L NAME OF SPITAL INSTITUTION | (IF NO | T IN HOSPITA | AL OR INS | OITUTIT | N, GIVE STREET | | RESIDENCE (Where | | ary 7, | | 10:45 A. |
| 2 | | Manord | lene Ro | ad (| DOA) | | A. STATE | Maryland | | B. COUNTY | 28 | -64 |
| 6. S | | 7. RACE | | 8. MARI | RIED | NEVER MARRIED | C. CITY O | | | D. INSIDE CIT | Y LIMITS? | |
| | Female | Whit | e | WIDOV | VED. | DIVORCED [| Balt | imore | | YES | x | NO 🗌 |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. E. STREET AND NU. Months, Doys, Hours, Min. | | | | | | | | | | | | |
| | Sept.12 | | lost birthdo | ^{v)} 9c3c | | | | Manordene | Road | | | |
| 11, 1 | BIRTHPLACE (S | | n cauntry) | | | TIZEN OF HAT COUNTRY? | 13. FATHER | | | | | |
| | Maryla | | | | | S A COUNTRY? | | entine Sch | | | | |
| done | usual occu during most of w i tchboa: | PATION (Giv vorking life, ev | e kind of work en if retired) | 148. KINI | O OF B | USINESS OR INDUSTRY | | | | | | |
| _ | | - | | | | 7.000 | | A O'Donn | ell | | | |
| Yes | was DECEASI , no or unknown) | (If yes, give v | vor or dotes | of service | 5? | 17. SOCIAL SECURITY NO. 214-01-8294 | 18. INFOR | | | | DRESS | |
| _ | | | | | | | | Margaret M | Sauer | 3326 EL | | |
| | 19. 4/12 | .41 | | | | CAUSE OF DEA | | to condito | | n diana | ncn/ | PPROXIMATE INTERVAL MEEN ONSET AND DEATH |
| | | E OR COND | | CTLY | | Arterios | creror | ic cardio | vascula | ir diseas | ie | |
| | | LEADING TO of meon the | | lna a a | | (A)IMMEDIATE | | | | | | ~ |
| | heart foilure, | , osthenio, etc oplication which | . It meons the | diseose, | | DUE TO, OR | AS A CONSE | QUENCE OF: | | | | |
| | injury or con | -pheonon with | cii coosca ac | ,,, | | | | | | | | |
| П | | NTECEDENT | | | | (8) | 15 1 501/5 | | | | | |
| | RISE TO THE | OR CONDITI | USE (A) STA | | | DUE TO, OR | AS A CONSI | QUENCE OF: | | | | |
| z | UNDERLYIN | G CONDIT | ION LAST. | | | (c) | | | | | | |
| CATION | | | 11 | | | | | | | | | |
| 0 | TO THE DEA | IIFICANT CON ATH BUT NOT | RELATED TO | THE TERM | AINAL | | | | | | | |
| CERTIFI | | CONDITION | | | | WHICH OPERATION W | AC DEDECOR | MED | | | 21 AUTC | DEVO (Ver er Ne) |
| 삥 | A DATE OF | OPERATIO | 4 208. COI | ADIIION | FORV | VHICH OPERATION W | 45 PERFOR | WED | | | | OPSY? (Yes or No) |
| | 22A. FXTERI | NAL CAUSE | MAC | | 220 0 | ACE OF INITION | in as abasel | 22.C WHERE DID | /// · 0-1/ | - Clarent | no | 4/8- |
| EDIC | UNDERLYING UTING CA | OR CON | TRIB- | | | .ACE OF INJURY (e.g., form, foctory, street, offic | | | (ir in continoi | e City, give exoc | locollon | |
| | OF INJURY | (Month) (D | Doy) (Yeo | ·) (Hou | 1 | E.INJURY OCCURRED | | 22F. HOW DID IN | JURY OCC | JR? | | |
| | (APPROX.) | | | | | | ORK | | | | | |
| | 23. | | | | 7 | | | | | | | |
| П | | ify that I h | | nquiry | | | topsy 📙 | | | death in my o | 1 | |
| ш | result | ted from: N | lotural cau | ses X | Ac | cident U Suicio | le 📙 H | | | ned monner L | J | |
| Н | ACTUAL | |) . | 0 1 | 11 | / 18 | | CHIEF MEDICAL | | | | DATE SIGNED |
| Н | SIGNATU | JRE 6 | no | 1 1 | 1/6 | and M.D | ASS. | ISTANT MEDICAL | EXAMINER | XX | | |
| Н | EXAMINI | ER'S | nald N | I Ko | rnh l | um, M.D. | ASS | OCIATE MEDICAL | EXAMINER | | 2/7 | 169 |
| | BURIAL CREA MOVAL (Specification) | MATION, 2 | 48. DATE | KO | | NAME of CEMETERY | ar CREMAT | ORY 24D. | LOCATION | (City, town, | | |
| | Burial | | 2/10/6 | 9 | N | ew Cathedra] | | B | altimor | e Mary | and | |
| | . DATE REC'D | BY HEALTH | DEPT. | 258. N | | OF REGISTRAR | | FUNERAL DIRECT | OR | re, Mary | DRESS | |
| | | FLD | 11 196 | 3 (15 | Rose | o E talkers | WA TO | onend I D | nale Tra | Della | | Manual |
| - | F. DEL 1/1/10 | | | 1 1 | 1 | 0 0 0 | Tre | onard J R | MCK THO | : Daltin | ore | maryland |

2/17/20 Company of the Company of th From the condition to obtained

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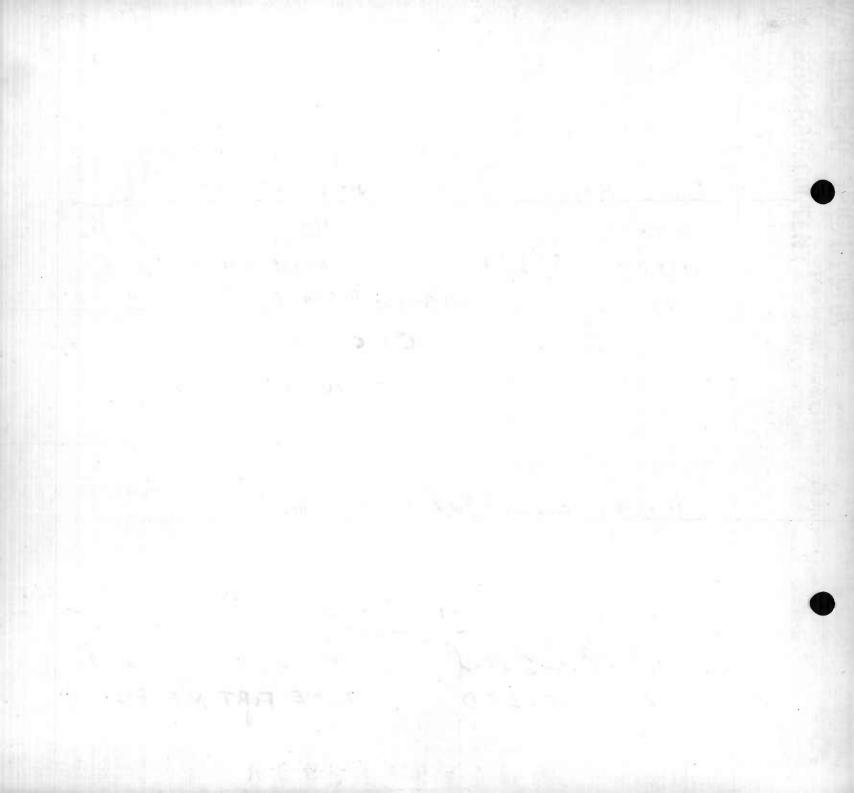
Selection and the selection of the selec

| | 69 1533 BALTI | MORE CITY HEALTH | DEPARTMENT | | 69 | 1500 |
|---|------------------------------------|---------------------------|----------------------|------------------------------------|-------------------|--------------------------------------|
| | 69 1533 CER | TIFICATE O | F DEATH | REG. NO | 00 | 1000 |
| BIRTH NO. 1, NAME OF DECEASED | | | | ND HOUR OF DEATH | | |
| (Type or Print) | 1 0 1 1 0 11 | | | | 3/02/ | |
| James | LOUIS Smith | TA MENA | | 6,1969 | | |
| 3. PLACE IN BALTIMORE, MARYL | AND, WHERE PRONOUNCED DEA | A. STATE | | TY | institution: resi | dence before odmission |
| FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS | HOSPITAL OR INSTITUTION, GIVE | STREET Mar | yland | Baltimore | 28 | 3-41 |
| NSTITUTION | | | | D. IN: | SIDE CHY LIM | list |
| 00 | | | timore | P | YES X | NO L |
| 4029 N.ROGER | S AVENUE | | | rs Avenue | | |
| 6. RACE | 7. MARRIED NEVER N | ARRIED B. DATE O | F BIRTH | 9. AGE (In years last birthday) | Months D | Yr. If Under 24 Hr oys Haurs Min. |
| Male White | WIDOWED DIV | ORCED \ 9-/2 | - 1899 | 69 | | |
| | nd of work 10B. KIND OF BUSINESS C | R INDUSTRY 11. BIRTH | PLACE (State or fore | ign country) | 12. CITIZEI | OF WHAT COUNT |
| one during most of working life, even | 1 | m | 1 - /1 | / | | 01 |
| DELT-Employed | ENGINEER | //// | try/ANC | <u>ν</u> | 1 | IndiN. |
| 3. FATHER'S NAME | | 14. MOTI | TER'S MAIDEN NA | ME | α | |
| laure | 1 Sm 1+1 | | Ro | unh. | | , |
| 5. Was Deceased Ever in U. S. A | rmed Forces? 16. SOCIAL | 17. INFOR | MANT | JUN | A | DDRESS #2170 |
| es, no or unknown) (If yes, give we | or or dotes of service) SECURIT | | | 0. | 1 | 00100 |
| XPS-(1)(1) T-A | IR FARIR. 220-18 | -3929 LRY | Ne FAGIL | PA10-417 | Highi | oth Kd |
| 18.2.40.4 | CAUS | OF DEATH | | 77. | | APPROXIMATE INTERVAL |
| DISEASE OR CONDIT | ION DIRECTLY | | | | BET | WEEN ONSET AND DEA |
| LEADING TO | DEATH | 0 | | Reclus | en (| 2 - tu |
| (This does not mean the | | MEDIATE CAUSE | HENCE OF | | | |
| heart failure, asthenia, etc. l | t means the disease, | E TO, OR AS A CONSEQ | DENCE OF: | | | |
| injury or camplication which | caused death.) | T 0 - 1 | 00 /- | | | |
| ANTECEDENT | CAUSES | Dicheles M | ellitus | a Vasculu | | 3415 - |
| DISEASES OR CONDITION | VS. if any, giving DL | E TO, OR AS A CONSE | QUENCE OF: | | | |
| rise to the above caus | se (A) stating the | 2 | ^ | | | |
| UNDERLYING CONDITION | last. (C) | // | eages. | | | |
| 11 | | | | | | |
| OTHER SIGNIFICANT CONDITION | | | | | | |
| TO THE DEATH BUT NOT RELA OF DISEASE OR CONDITION GIVE | TED TO THE TERMINAL | | | | | |
| 19A. DATE OF OPERATION | 9B, CONDITION FOR WHICH OPER | ATION 20A. A | UTOPSY? (Yes or No | 20B. IF YES, WERE | FINDINGS C | ONSIDERED |
| 19A. DATE OF OPERATION | VAS PERFORMED | | | IN CERTIFYING CA | AUSES OF DE | ATH? |
| 21A. ACCIDENT WAS UNDER | TYING 21B PLACE OF L | NJURY (e.g., in or obout) | OLC. WHERE DID | (If in Boltime | are City, give e | avact location) |
| OR CONTRIBUTING CAUSE | OF home, farm, foct | ry, street, office bldg., | INJURY OCCUR? | (II III BOTTING | ire City, give e | exoct locollon; |
| DEATH (notify medical examin | er) etc.) | | | | | |
| | (Yeor) (Hour) 21E. INJURY OC | CURRED | 21F. HOW DID INJ | URY OCCUR? | | |
| OF INJURY (APPROX.) | While At | Not While | | | | |
| (AFFROX) | Work L | At Work | | | | |
| 22. I certify that (I) (this | naspital) attended the decease | I from Jan | -(| 19 6 to | Feb. | 6 1969 |
| | | -6 19 | 69 | - | totan danat | / |
| that (I) (we) last saw the | | | | at in (my) (aur) ap | milian geath | accurred an the d |
| and haur and from the cau | ses stated above. (1) (We) (did) | (did nat) view the b | ody after death. | | | |
| 23A. SIGNATURE | 100 | | / | | 23B. DATE | SIGNED |
| TA () S | | Attending [| Med. | Staff | 1 | 1 10 |
| 220 8144001744 | 100 cm | GEGREE Phys. | Director L | Phys. 🗀 | 1 - | 6-6 |
| 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDR | . ~ / | 1 | | |
| Least A Ka | chman M.D. | 1214 | N. Calver | 151- | | |
| 4A. BURIAL CREMATION, 24B. | | DEGREE TERY OF CREMATORY | | OCATION // | City, tawn, ar | caunty) (State) |
| REMOVAL (Specify) | Z4C.NAME OF CEM | LILKT OF CKEMIATORY | / 240. [| OCATION (C | ony, rawn, ar | country/ (State) |
| 130812/ 2- | 1n-69. 1) out T | doe Compy | PRU | SALLIMAX | pp. / | 1/- |
| 25A. DATE REC'D BY HEALTH DE | PT 258, NAME OF REGISTRAL | 25C. F | UNERAL DIRECTOR | ? | 11/1 | ADDRESS |
| AZ S | 03 (1. P. F 3 Am 1) | MAD IN | . 0 | | 14 | |
| | 1 3 / 0 | D D DIA | accoust. | Wruserst | 116000 | Sit Hysto a |
| /S 150-REV. 1/1/6B | 7 17 7 | | W () 4. | | | 1/ |

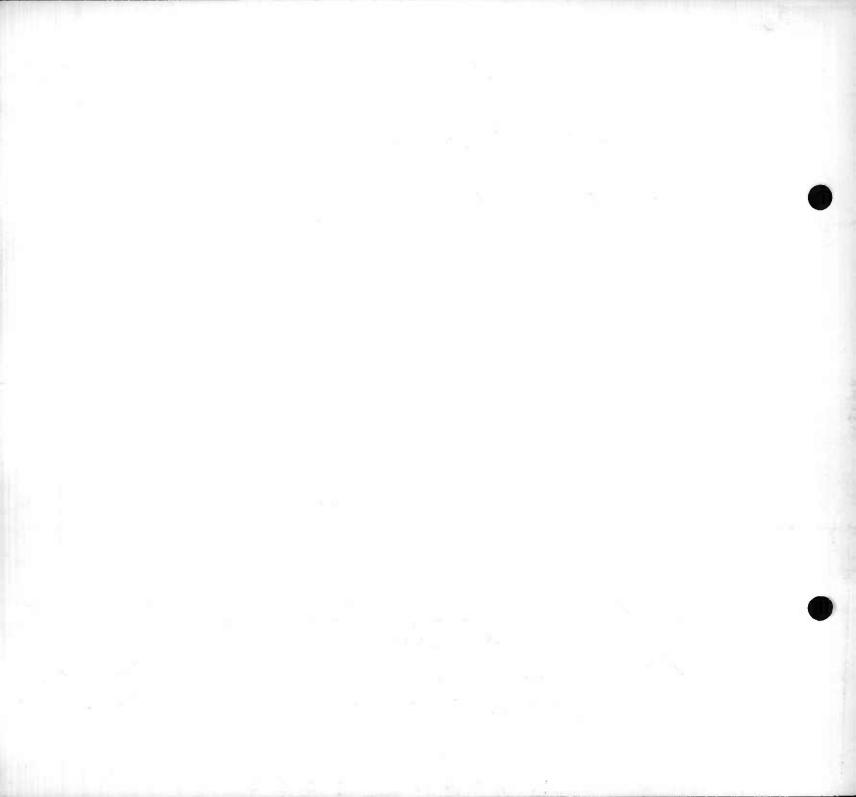
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| | 00 | Amo | BALTIMORE CIT | Y HEALTH DEPARTM | ENT | | |
|------------------------------------|---|-------------------|---|--|----------------------------------|--------------------------------|----------------------------------|
| BIRTH NO. | 69 | 153 | 4 CERTIFICA | TE OF DEA | TH REG. NO. | 69_ | _1534_ |
| I, NAME OF DE | CEASED | | | | | | |
| (Type or Print) | CRAMER, Wil | lliam H | enry | | February 7, 19 | | 30 P |
| 3. PLACE IN BA | ALTIMORE, MARYLAND, W | HERE PRONC | DUNCED DEAD | 4. USUAL RESIDENCE | E (Where deceased lived, I | f institution: residence | before admission |
| FULL NAME OF | F (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTI | TUTION, GIVE STREET | Maryland | | 28 | -02 |
| | Veterans Admir | ni.strat | ion Hospital | C. CITY OR TOWN | D. 1 | NSIDE CITY LIMITS? | No fee |
| 23 | 3900 Loch Rave | en Boul | | Baltimore E. STREET AND NU | MBER | YES | NO K |
| | Baltimore, Mar | ryland | 21218 | 3015 Oak I | Hill Avenue | | |
| 5. SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In yours lest birthdey) | If Under 1 Yr. Months: Doys | If Under 24 Hrs. Hours Min. |
| Male | White | WIDOWED | | 10/21/94 | 74 | | Trum. |
| done during most o | CUPATION (Give kind of work of working life, even if retired) | 108 KIND C | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF | WHAT COUNTRY |
| Police | | Ret | ired | Frederick, | Maryland | U. | S.A. |
| 13. FATHER'S NA | AME | | | 14. MOTHER'S MAID | DEN NAME | | |
| | Cramer | | | Laura | | | |
| 5. Was Decese Yas, no or unknow | d Ever in U. S. Armed Form) (If yes, give wor or dote | | 1 6. SOCIAL SECURITY NO. | James W. C | ar mospital Rec | Sandra Co | fürt |
| Yes | 9/25/13 - 6 | /4/19 | 214-34-4572 | 3900 Loch 1 | Raven Boulevar | d Balto. Mc | 1 21218 |
| DISEA | ASE OR CONDITION DI | RECTLY | CAUSE OF DEAT | H | | APPRO BETWEEN | OXIMATE INTERVAL |
| | LEADING TO DEATH | | ANIMMEDIATE CAL | use Pri e rumor | กริส | 7 % | veek |
| heart leilure | not mean the made of , astheria, etc. It means mplication which caused | the disease | DUE TO, OR AS | A CONSEQUENCE OF: | 111.1.0 | J. N | VCCR |
| | ANTECEDENT CAUSES | | Compine | o of the to | | ١,, | 70.034 |
| DISEASES | OR CONDITIONS, if | nny, giving | DUE TO, OR AS | a of the to | ngue : | \\\\ | year |
| rise le III UNDERLYIN | he ebave cause (A) IG CONDITION jast. | sleling the | (c) | | | | |
| | 11 | | () | | | | |
| E ITO THE DEA | FICANT CONDITIONS COL TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART | IE TERMINIAI | Arter | riosclerotic | heart disease | | |
| | F OPERATION 198 CON | DITION FOR | WHICH OPERATION | 20A AUTOPSY? (Yo | S OF No. 20B. IF YES, WEI | RE FINDINGS CONSTI | DERED |
| OR CONTRIB | ENT WAS UNDERLYING UTING CAUSE OF y medical examinar | 21E her etc | LPLACE OF INJURY (e.g., line, form, fectory, street, el | n or about 21 C. WHERE fice bldg., INJURY OC | DID (if in Boltin | nore City, give exoct in | acation) |
| 21 D. TIME OF INJURY | (Month) (Day) (Your | | INJURY OCCURRED | 21F. HOW D | DID INJURY OCCUR? | | |
| [APPROX.) | | W | nile At Wark | • 🗆 - | | | |
| 22. I certify | y that (V) (this haspital) | attended t | he deceased from | anuary 15 t | h 19 69 to Feb | ruary 7 th | 19 69 |
| that (1) (we |) last sow the decease | d olive on | February 7 t | h 19 69 | and that In (m/r) (our) a | pinion death occu | rred on the date |
| and hour an | id from the causes stat | ed above. (| (Me) (qiq) (qiq yoq) v | lew the bady after d | leath. | | |
| 23A. SIGNAT | URE | | | | | 23 B, DATE SIGNE | D |
| 200 | | | DEGREE Phys | nding Med. Director | Staff Phys. | 2/7/69 | |
| 23 C. PHYSICIA | RALPH H. | | 000-1 | | O Doch Raven B timore, Maryla | | |
| 14A- BURIAL CRE | EMATION, 248. DATE (Specify) | | AME of CEMETERY OF CRE | | | | 1 (51-1-) |
| Burial | (Specify) 2-11-69 | | ltimore Nation | . * . | | City, town, or county |) (Stote) |
| SA. DATE REC'E | BY HEALTH DEPT. | | OF REGISTRAR | 25C. FUNERAL DIS | Baltimore, | waryland ADD | DRESS |
| 3 | EB 11 1969 (| 2.0 ST | E traspension | | rmacost-4600 | | |
| | 44.0 | - | | | | 11 | Paronetta |

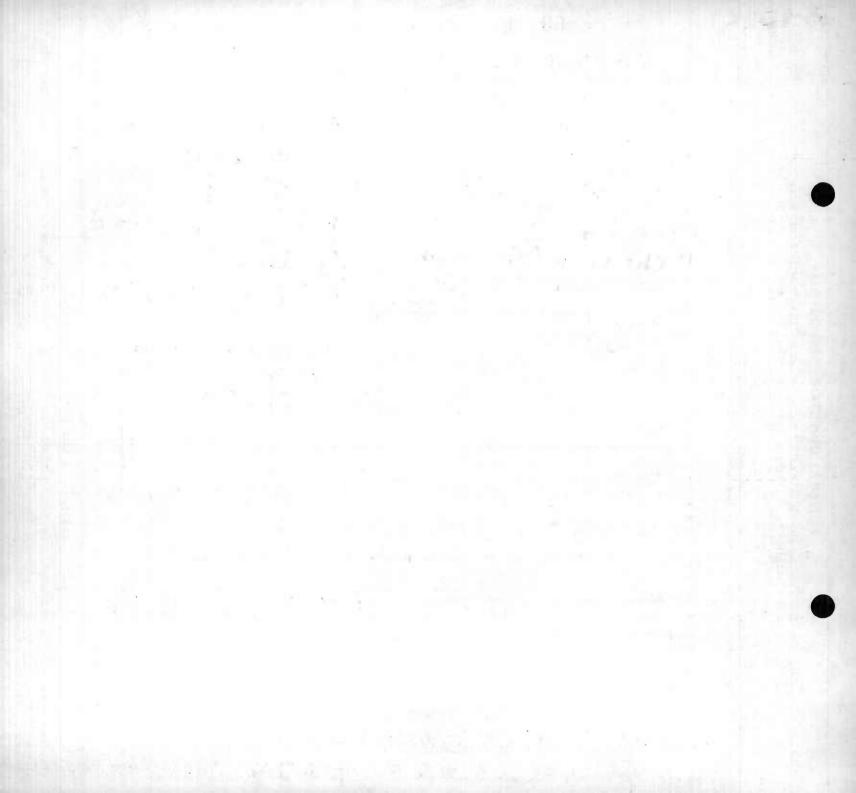
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| 1 | 1-550 | 69 1536 BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH REG. NO. 6 | 9 1500 |
|----------|---|--|---|
| | of death of death Deceased e on the | BIRTH NO. | 0 1000 |
| | f de ecea on h. S | Type or Paul CLIA NAIMAN 2. DATE AND HOUR OF DEATH 8 726 1969 | 1250 |
| | 5 0 0 | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived, Il institution: A. STATE B. COUNTY | residence belora admission) |
| | | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CILLY OF TOWN D. INSIDE CITY | E 27-13 |
| | _ ~ ~ | C. CITY OF TOWN D. INSIDE CITY OF TOWN YES | NO |
| | 0 | E. STREET AND NUMBER | |
| | F 3 0 B 70 | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE 9 BIRTH 9. AGE (in yours) if Und | er 1 Yr. II Under 24 Hrs. Doys Hours Min. |
| | occur ontrib ermin regul | CPANE COCC WIDOWEDK DIVORCED \(\Dagger / \Dagger / \Dagger / \Dagger / \Dagger / \Dagger \Dagger / \Dagger \Dagger \Dagger / \Dagger \Dagge | Doys Hours Min. |
| | ath codete | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BJATHPLAGE (State or fareign country) 12. CIT | ZEN OF WHAT COUNTRY |
| | So E so E | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | usa |
| | ÷ (4) y the special of the special | Raphael a. | |
| AN | kind; kind; death death inal di | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO. | ADDRESS |
| RT | S | NO Jellean narman | Same. |
| IMPORTAN | S = 5000 | DISEASE OR CONDITION DIRECTLY | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 3 | Also, ee of noun attermed | LEADING TO DEATH [This does not mean the mode of dying, e.g., DUE TO OP AS A CONSCOURAGE OF | |
| OR: | | heart foilure, astherio, etc., it means the disease, injury ar camplication which caused death.) | *************************************** |
| 5 | | ANTECEDENT CAUSES | |
| ECT | exam exam (3) A fr n who in reg | DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: | |
| DIRE | s; (3 | UNDERLYING CONDITION lost. (C) | |
| | medical emedical ephysician an was iremains | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| ER | dy bu | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES. WERE FINDINGS | CONCIDENT |
| UNERA | e y the | WAS PERFORMED IN CERTIFYING CAUSES OF | DEATH? |
| 正 | | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, larm, foctory, sheet, office bldg., INJURY OCCUR? | re exact location) |
| | 10 20 20 20 | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At D. Nol While D. | |
| | 0 0 0 0 | While At Not While At Work | |
| | 0 + E 0 0 | 22. I certify that (this hospital) attended the deceased from 120 1969 to 8 12 | between 19 underlyfrag |
| | of to tal | that (we) last sow the deceased alive on 200 1969 and that in (our) opinion dec | th occurred on the dote |
| | leased to leased to ident of c hospital o death); | and hour and from the causes stated above. (We) (did) (We) riew the body after death. 23A. SIGNATURE | TE SIGNED |
| | relea accide a hos | Money (Staff MI) pages Phys. Attending Director Phys. Director Phys. | Teb-1969 |
| | was rele An acci A. at a h prior to | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS | 211 |
| | certificat sody was /s: (1) An D.O.A. at ased pric | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOGATION (City/ town, of Company) | Odlfmort or county) (State) |
| | vs: (Vs: O.O. | Bures 210/69 Chark amuno Balton | mo |
| | This certificate m the body was rel shows: (1) An acc was D.O.A. at a f deceased prior to written approval | 25A. DATE REC'D'BY HEALTH DEPT. 3 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR | ADDRESS |
| | | VS 150-REV. 1/1/68 | o Reisterstown R |



VS 150-REV. 1/1/66 m

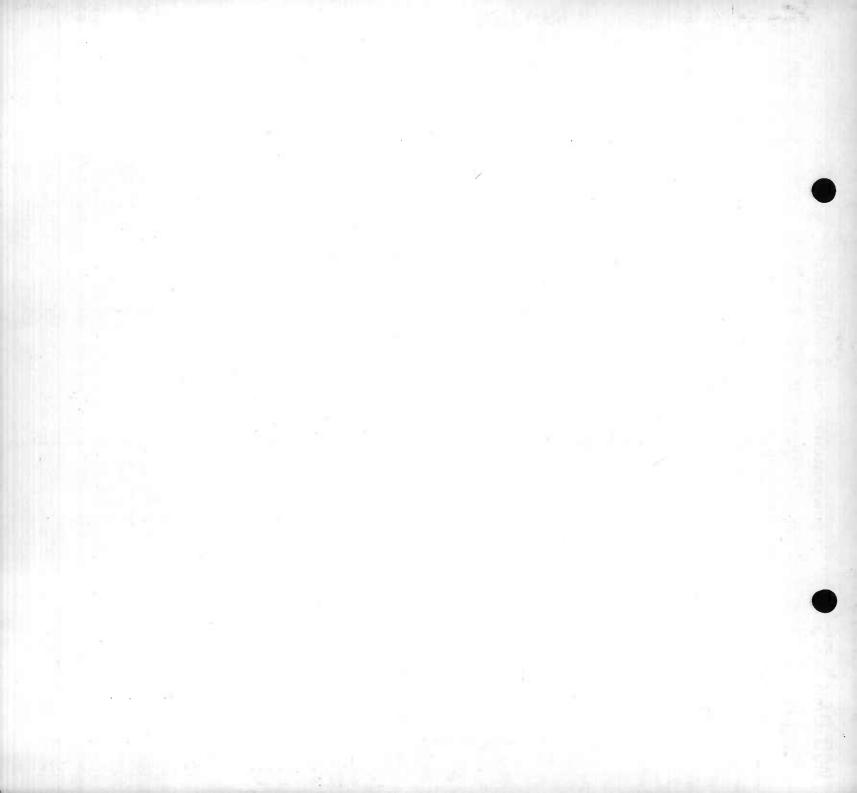


IMPORTANT

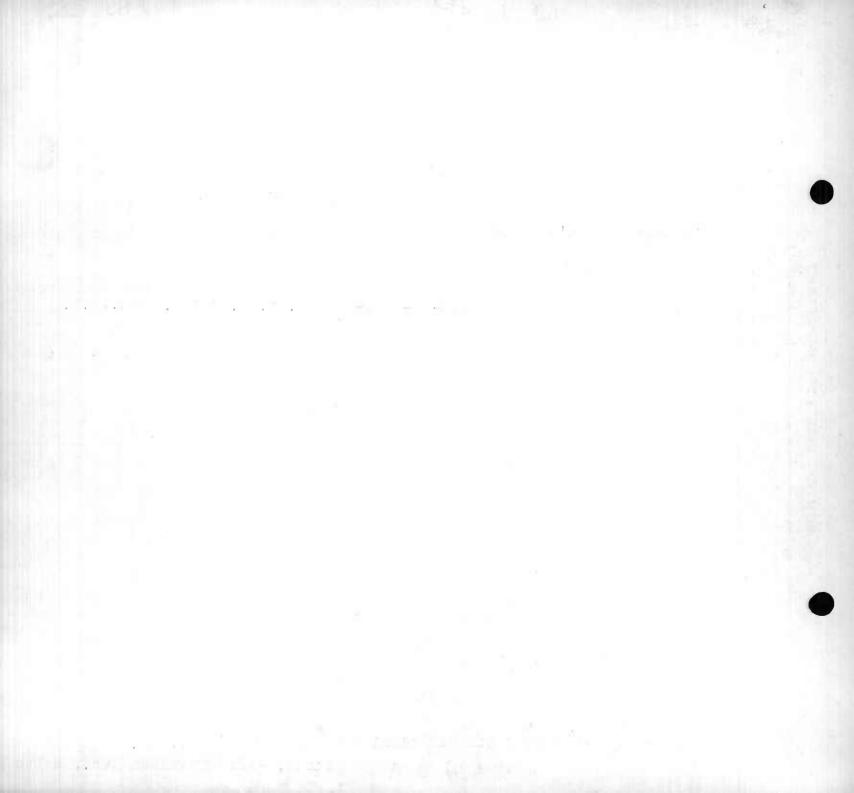
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

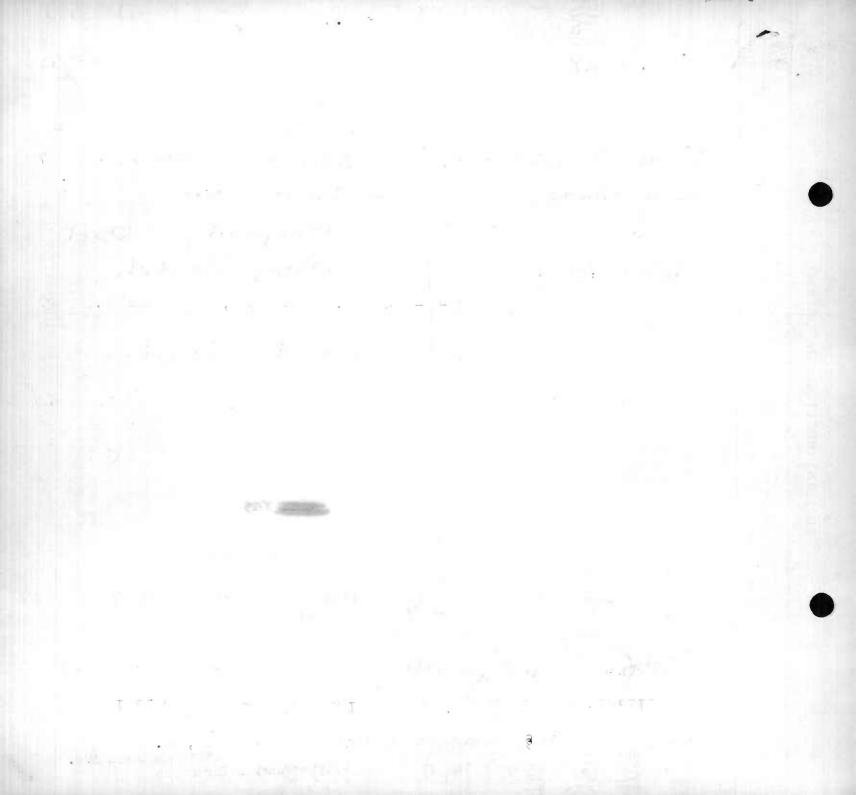


VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



| BII | RTH NO. | | 77120 | | | CERTIT | CAIL OI | | REG. NO | D | | |
|---------------|------------------------------------|----------------------|-------------------------------|-------------|---|--|---|------------------|--------------|----------------|-------------------------------|-------|
| 1. | NAME OF DEC | EASED | | | | 2. DATE | Known 🔀 | Month | Doy | Yeor | Hour | |
| L. | pe or Print) | | ILLIAM | | | OF DEATH | Estimoted | Februa | ary 8, | 1969 | | М. |
| | | | | | NOUNCED DEAD | PRONOUNCED DEAD Fohrwarz 8 1060 11.10 | | | | | | |
| HC | L NAME OF SPITAL INSTITUTION | (IF NO | SS OR LOCA | TION) | TUTION, GIVE STREET | February 8, 1969 11:10 P. M. S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | | | |
| | | t. Agne | es Hos | pital | (DOA) | A. STATE | Maryland | | B. COUNTY | | 8-5 | 4 |
| 6. | SEX | 7. RACE | | B. MARRIE | D NEVER MARRIED | C. CITY OF | RIOWN | | D. INSIDE | CITY LIMITS? | | |
| | Male | White | | WIDOW | | | Baltimore | | | YES X | NO 🗆 | |
| ٧. | DATE OF BIRTH | | 10. AGE (in | y) | If Under 1 Yr, If Under 24 Hrs. Nonths Doys Hours Min. | E. STREET | AND NUMBER | | | | | |
| | eb.20. | 1925 | 43 | | | | 7 Mardrew | Road | | | | |
| 111. | BIRTHPLACE (S | tote or toreig | n country) | | 2. CITIZEN OF | 13. FATHER | 'S NAME | | | | | |
| | Alabam | | | | WHAT COUNTRY? | Lat | e Will: | iam T | . Lin | sday | | |
| dor | USUAL OCCUP eduring most of w | Orking life, evi | kind of work en ifretired) | 14B. KIND | OF BUSINESS OR INDUSTR | Y 15. MOTHE | R'S MAIDEN NA | WE | | | | |
| _ | Propri | etor - | | Heat | ing Control | Co. | Mamie Ha | sty | | | | |
| 16. (Ye | WAS DECEASE s, no or unknown) | (If yes, give w | or or dotes | of service) | 17. SOCIAL SECURITY NO. | 18. INFOR | MANT | | | ADDRESS | | |
| _ | Yes | W: V | V: II | | 1219-16-512 | 22 Mr | s. Dale | Harris | son,7 | Mardr | ew Rd | • |
| | 412 | 2.47 | | | CAUSE OF DEA | TH | | | | | PPROXIMATE IN VEEN ONSET A | |
| | | OR COND | | CTLY | | | c cardiov | ascular | disea | ase | | |
| | (This does no | | mode of dy | ing, e.g., | (A)IMMEDIATE O | AS A CONSEC | QUENCE OF: | | | | | |
| | injury or com | | | | | | | | | | | |
| | AN | ITECEDENT | CAUSES | | (B) & | | - 104 | | | | | |
| | DISEASES C | R CONDITIO | DNS, IF ANY | , GIVING | (B) DUE TO, OR | AS A CONSE | QUENCE OF: | | | | | |
| 7 | UNDERLYIN | G CONDITI | ON LAST. | IING INE | (c) | | | | | | | |
| ē | | | 11 | | (9,000 | | | | | | | |
| CERTIFICATION | TO THE DEA | FICANT CONTH BUT NOT | RELATED TO | THE TERMIN | | | * · · · · · · · · · · · · · · · · · · · | | | | | |
| RT | | | | | OR WHICH OPERATION W | AS PERFORA | MED | | | 21. AUTO | OPSY? (Yes o | r No) |
| | 2) | | | | | | | | | Y | es | |
| MEDICAL | 22A. EXTERNUNDERLYING UTING ☐ CAL | | TRIB- | 2 h | 2B.PLACE OF INJURY (e.g., ome, form, foctory, street, office | in or obout : e bldg., etc.) | 22C. WHERE DID (NJURY OCCUR? | (If in Boltimore | City, give e | xoct locotion) | | |
| Σ | 22D. TIME (| | oy) (Yeor |) (Hour) | 22E.INJURY OCCURRED | | 22F. HOW DID IN. | JURY OCCU | R? | | | _ |
| | OF INJURY (APPROX.) | | | | MHILE AT NOT AT W | WHILE VORK | | | | | | |
| | 23. | | | | | - | 30.00 = 37 | | | | | |
| | I certi | fy that I he | eld on I | nquiry | InspectionAu | topsy X | ond that on th | nis basis, | death in m | y opinion | | |
| | result | ed from: N | oturol cau | ses X | Accident Suicio | de 🔲 H | omicide 🔲 📗 | Undetermin | ed monner | | | |
| | ACTUAL SIGNATU | DE CE | | PTS. | 2 3nh | Acc | CHIEF MEDICAL E | | | | DATE SIGN | 1ED |
| | EXAMINE | R'S Cha | rles S | S. Spr | ingate, M.D. | | OCIATE MEDICAL E | XAMINER | □ Fel | oruary | 9. 196 | 9 |
| 24 | NAME (TAL BURIAL CREA | (pe) | 4B. DATE | | 24C. NAME of CEMETERY | or CREMATO | ORY 24D. | LOCATION | | wn, or county | | |
| RE | MOVAL (Specif Burial | y) | 1 | 169 | | | | | | | | |
| 25 | A. DATE REC'D | BY HEALTH [| | | Baltimore ME OF REGISTRAR | | FUNERAL DIRECTO | altimo | re, M | ADDRESS | | |

VS 151-REV. 1/1/6B

Falle, Al Witzke, 4101 Edmondson Ave., Balto

THE RESERVE OF THE PARTY OF THE The second of the second resident to the second resident resident to the second resident resident resident residen The state of the s

Later the Control of the Control of

K-260
BIRTH NO.

69 1542 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | 69 | 1542 |
|--|----|------|
| KEO, 140 | | |

| | NAME OF DEC | EASED | | | 2. DATE Known Month Doy Year Hour | | | | |
|---------------|------------------------------------|--|-----------|---|--|--|--|--|--|
| Ту | pe or Print) | FRANKLI | I L. | KAISER | OF DEATH Estimated February 8, 1969 | | | | |
| 4. | PLACE IN BALT | TIMORE, MARYLAND, W | HERE PR | ONOUNCED DEAD | 3. DATE Month Day Year Haur | | | | |
| HC | L NAME OF SPITAL INSTITUTION | (IF NOT IN HOSPITA ADDRESS OR LOCA | | TITUTION, GIVE STREET | PRONOUNCED DEAD February 8, 1969 6:10 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | |
| 2 | | 17 Kevin Road | 1 | | A. STATE Maryland B. COUNTY 28-44 | | | | |
| 5. | SEX | 7. RACE | B. MARR | IED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? | | | | |
| | Male | White | WIDOW | VED DIVORCED | Baltimore VES X NO | | | | |
| ٧. | 10/13/18 | Land blad day | 73 | If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min. | 1117 Kevin Road | | | | |
| 1. | BIRTHPLACE (S | tote or foreign country) | | 12. CITIZEN OF | 13. FATHER'S NAME | | | | |
| 7 | Marylan | A | | WHAT COUNTRY? | Henry C. Kaiser (dec'd) | | | | |
| 44 | USUAL OCCUP | PATION (Give kind of work) | 14B. KIND | OF BUSINESS OR INDUSTRY | 15. MOTHER'S MAIDEN NAME | | | | |
| | eduring mostof w etired | arking life, even if retired) | C1 tar | of Balto. | Emma Bradley (dec'd) | | | | |
| 6. | WAS DECEASE | D EVER IN U.S. ARMED | FORCES | ? 17. SOCIAL | 18. INFORMANT 1117 KAPPEN Rd. | | | | |
| | | (if yes, give war ar dates Inducted 4 | | SECURITY NO. | 3 Mrs. Franklin L. Kaiser, Balto. | | | | |
| | Yes | Inducted + | 1671 | CAUSE OF DEA | TH APPROXIMATE INTERVAL | | | | |
| | 4-10 | 1 | | Arteriosc | lerotic cardiovascular disease | | | | |
| | | E OR CONDITION DIREC | CTLY | WI CELIOSC | Telocic cardiovascular disease | | | | |
| | | LEADING TO DEATH of meon the made of dy | ing eg | (A) IMMEDIATE C | | | | | |
| | heort failure, | asthenio, etc. It means the | diseose, | DUE IO, OK A | AS A CONSEQUENCE OF: | | | | |
| | injury or com | priconon which coused dec | ,, | | | | | | |
| | AN | NTECEDENT CAUSES | | (B) | | | | | |
| | DISEASES C | R CONDITIONS, IF ANY | GIVING | | AS A CONSEQUENCE OF: | | | | |
| | UNDERLYIN | IG CONDITION LAST. | ING INE | | | | | | |
| ó | | | | (C) | | | | | |
| F | OTHER SIGN | II IFICANT CONDITIONS CO | ONTRIBUT | TING | | | | | |
| CERTIFICATION | TO THE DEA | TH BUT NOT RELATED TO | THE TERM | INAL | 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | |
| RT | | | | FOR WHICH OPERATION WA | AS PERFORMED 21. AUTOPSY? (Yes or No) | | | | |
| S | 0 | | | | | | | | |
| 4 | 22A. EXTERN | NAL CAUSE WAS | | 220 DIACE OF INITIDAL | in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) | | | | |
| 5 | UNDERLYING | OR CONTRIB- | | hame, form, factory, street, affice | e bidg., etc.) INJURY OCCUR? | | | | |
| Z | | USE OF DEATH. Manth) (Day) (Year |) (Hou | r) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? | | | | |
| | OF INJURY (APPROX.) | | | WHILE AT NOT | WHILE | | | | |
| | 23. | | | m. WORK AT W | /ORK | | | | |
| | | ify that I held an I | ngulry [| Inspection X Au | topsy ond that on this basis, death in my opinion | | | | |
| | | ed fram: Natural cau | (FF) | Accident Suicid | | | | | |
| | result | ed fram: Natural cau | 262 67 | Accident | CHIEF MEDICAL EXAMINER | | | | |
| | ACTUAL | 100 8 | 1, | 1 | DATE SIGNED | | | | |
| | | JRE CUNS | J. C | M.D | ASSISTANT MEDICAL EXAMINER X | | | | |
| | EXAMINE | unaries | S. 1 | Springate, M.D. | ASSOCIATE MEDICAL EXAMINER February 9, 1969 | | | | |
| 2.4 | A. BURIAL CREA | ype) | | | | | | | |
| | MOVAL (Specif | y) | | 24C. NAME of CEMETERY | ar CREMATORY 24D. LOCATION (City, town, ar county) (State) | | | | |
| B | urial | 2/12/ | 69 | Baltimore 1 | National Baltimore, Md. | | | | |
| _ | | BY HEALTH DEPT. | 25B. N | IAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS | | | | |
| | | EFB 1 1 1969 | 000 | Distr E. Frankey | Witzke, 4101 Edmondson Ave., Balto. | | | | |
| /S | 151-REV. 1/1/68 | | 7 | 6900 | 0 5 4 v | | | | |
| | | | | | | | | | |

(1) such a section of the section of (N'neb) buller, and Lorie to with the little The state of the s The second of th . The second along the contract of the contrac

IMPORTANT

DIRECTOR:

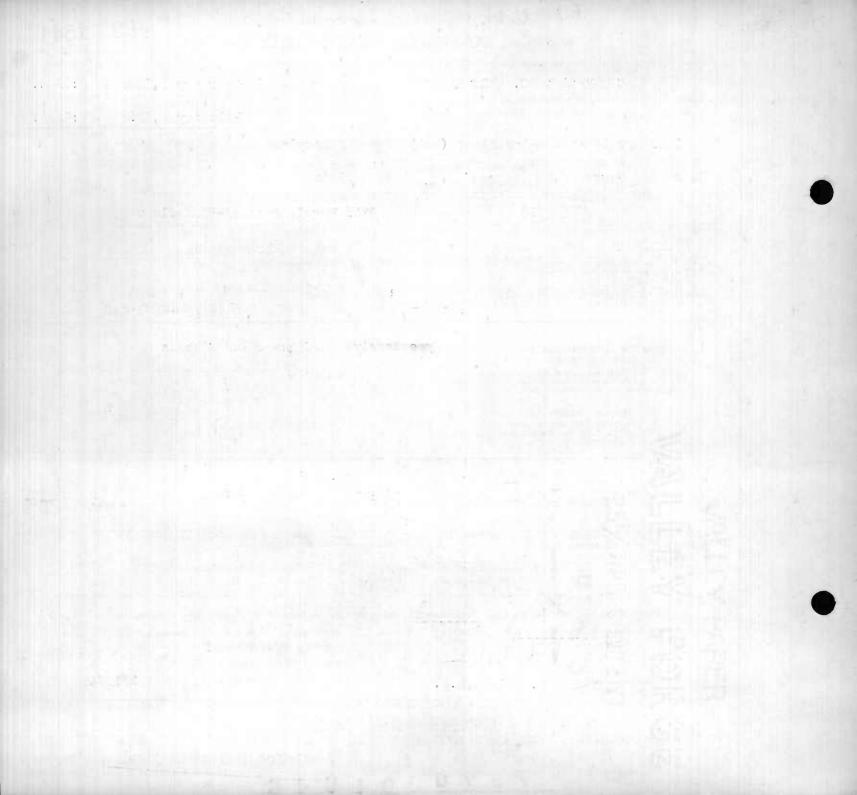
FUNERAL

R-263

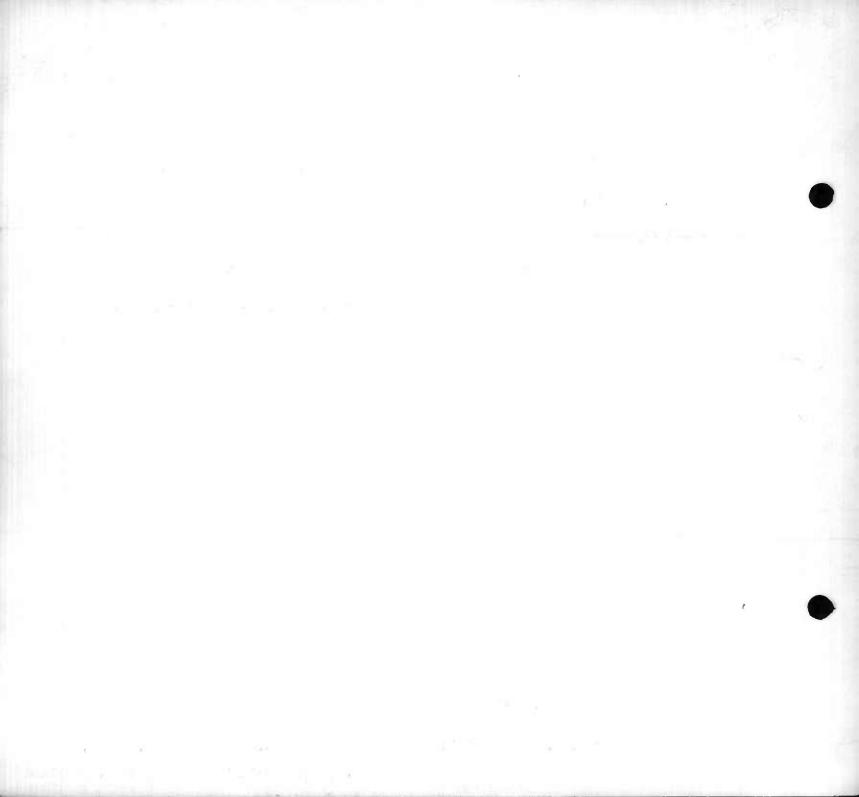
69 1544 BALTIMORE CITY HEALTH DEPARTMENT

69 1544

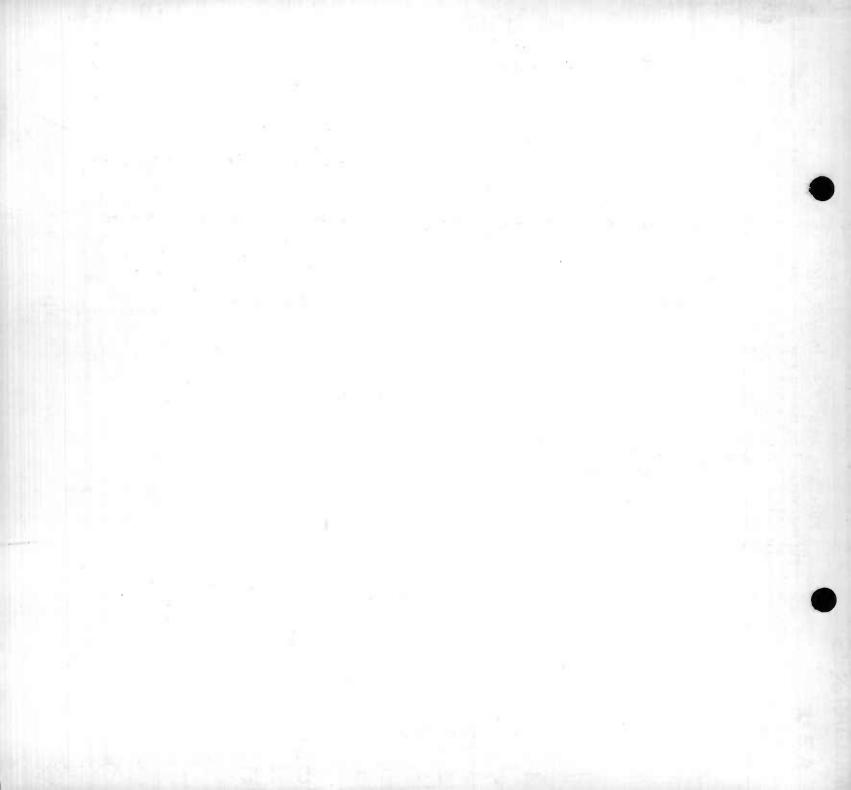
| BIE | RTH NO. | | WED | ICAL | . EXA | WINE | R'S C | LERI | IFIC | AI | E OF | DE | EAT | H RE | G. NO | | 201 | |
|--|---|---|-----------------------------|------------|-----------|---------------------------------------|------------|-----------------|-----------|--------|----------------------|----------|-----------|----------|-----------|--------------|--|---|
| 1. | NAME OF DEC | | ERLAND | C. | RICH | ARDSON | | 2. DAT | F | | noted | | ebr | | 9,1 | 969 | 8:15 | A • M. |
| 4. | PLACE IN BAL | | | | | | | 3. DA1 | | ICED | | Мо | nth | D | оу | Year | Hour | |
| HO | L NAME OF SPITAL INSTITUTION | (IF NO | T IN HOSPITA | L OR INS | TITUTION, | GIVE STREET | | | JAL RES | | | | | | 9,1 | | 8:15 | |
| 21 | | | Avenue | | | r (DOA) | | A. STA | TE M | ary] | land | | | B. CO | UNTY | 17- | 03 | |
| - | sex la le | 7. RACE Negro | | B. MARR | | IEVER MARR | | c. city Ba | y or t | | 2 | | | D. IN | SIDE CIT | TY LIMITS? | NO 🗆 | |
| 9. [| DATE OF BIRTH | 1 | 10. AGE (la last birthdo | | If Under | 1 Yr. If Under Doys , Hours | 24 Hrs. | E. STRI 1225 | | | MBER Ave | nue | - : | 2nd | | | 140 | |
| 11. | BIRTHPLACE (S | tate or foreig | n country) | | 12. CITIZ | | | 13. FA1 | THER'S | NAM | E | | | | - | | | |
| | Baltin | nore | Md | | UWHA | COUNTRY | ? | Ge | eorg | re | Ric | har | rds | on | | | | |
| | USUAL OCCUI | | | 14B. KINE | OF BUS | NESS OR IN | DUSTR | | - | _ | | | | | | | | |
| done | Retin | orking life, ev CEQ | en itretired) | | | | | | 07- | ive | | | | | | | | |
| 16. | WAS DECEASE | | U.S. ARMED | FORCES | 5? 17. | SOCIAL | | 1B. INI | FORMA | | | | | | AD | DRESS | | |
| (Ye | s, no ar unknown) | (If yes, give v | war or dotes | af service |) 2. | SECTION T | 958 | 6 1 | ir | Wo. | rthi | ng | ton | Ri | chai | cdson | 4101 | Alto |
| | 19.4/ | 2.0 | 7 | | | CAUSE (| OF DEA | TH | | | | | | | | | PPROXIMATE IN | |
| | DISEASE OR CONDITION DIRECTLY Hypertensive cardiovascular disease | | | | | | | | | | | | | | | | | |
| | LEADING TO DEATH (A)IMMEDIATE CAUSE | | | | | | | | | | | | | | | | | |
| | (This does no | at mean the asthenio, etc | mode of dy | ing, e.g., | | | | AS A CON | NSEQUI | ENCE C | DF: | | | | | | | |
| | injury or com | plication whi | ch caused de | ith.) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | | | | | | | | |
| | RISE TO THE | ABOVE CA | USE (A) STA | ING THE | | | | | | | | | | | | | | |
| Z | UNDERLYIN | IG CONDIT | ION LASI. | | | (C) | | | | | | | | | | | | |
| H | | | II | | | | 100 | | | | | | | | | | | |
| CERTIFICATION | TO THE DEA | IFICANT CON ATH BUT NOT CONDITION | RELATED TO | THE TERM | INAL | a sún marchar tals dar ESS 450 dar el | | | | | | | | | | | 00-40-40-40-40-40-40-40-40-40-40-40-40-4 | er dan dan dan dan dan dan dan dan dan da |
| CERI | 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. A | | | | | | | | | | AUTOPSY? (Yes or Na) | | | | | | | |
| >AL | | VAL CAUSE | | | 22B. PLA | E OF INJU | RY (e.g., | in ar ab | out 220 | C. WHI | ERE DID | (If in E | Boltimo | re City, | give exo | ct locotion) | | |
| MEDIC | UNDERLYING UTING CA | | | | hame, tar | m, factory, str | eet, offic | e bidg., e | itc.) INJ | IURY C | OCCUR? | | | | | | | |
| Σ | 22D. TIME (| | ay) (Year |) (Hau | r) 22E.1 | NJURY OCC | URRED | | 221 | . HOV | W DID IN | JURY | OCCI | JR? | | | | |
| | OF INJURY (APPROX.) | | | | m. WHILE | | | WHILE C | | | | | | | | | | |
| | 23. | ify that I h | eld on I | nquiry [|] In: | spection 3 | Au | topsy [| | ond t | hot on t | his b | osls, | deoth | in my | opinion | | |
| | result | ed from | loturol cou | ses 🖹 | Atcid | lent 🗌 | Suicio | le 🗌 | Hom | icide | | Unde | etermi | ned m | onner [| | | |
| | 1.45 | 1 | 1 | 1 | | | | | CH | HEF M | EDICAL I | EXAM | INER | | | | | |
| | ACTUAL | 41 | INA | 111 | JIL | | | | | | MEDICAL E | | | x | | | DATE SIGI | NED |
| | SIGN ATL EXAMINI | | lward H | . Wi | lson. | M.D. | M.D | ١. | | | MEDICAL E | | | | | 2/10 | /69 | |
| 0.4 | NAME (T | ype) | | . 117 | | | ACTERY | CDC | HATOS | | To 4= | 100 | 171011 | ,- | | | | |
| | A. BURIAL CREA MOVAL (Specif | | 4B. DATE | | 24C. N | AME of CEA | METERY | or CRE | MAIOR | Y | 24D. | LOC | ATION | (C | ity, tawn | , ar county |) (Sta | te) |
| | urial | 1 | 2/14/6 | 9 | C | arver | Me | m I | Parl | k | | Li | aur | el | Md | | | |
| 25 | A. DATE REC'D | BY HEALTH | DEPT. | 25B. N | AME OF | REGISTRAR | 13 | 2 | 25C. FU | NERA | L DIRECT | | | | A | DDRESS | | |
| | | 1 | | | | 0 90 | 0 | | A | Cob | phus | H | als | tea | d 7: | 206 W | Nor | th Av |
| - | | MICHO 1 | * 1060 | IA. | 0 6- | C Fra | Chees M. | A | 4.6 | | 1,1,00 | 77. | - Luis 10 | 000 | the staff | | 01 | |



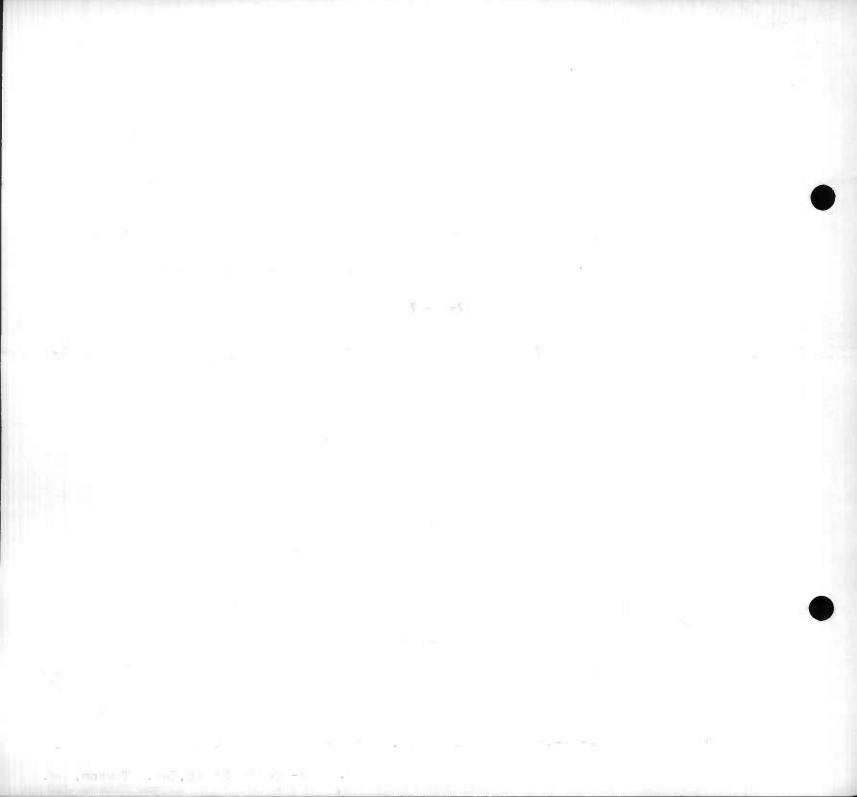
| BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET (ISTITUTION) 3. SEX 6. RACE 7. MARRIED NOTE 10. USUAL RESIDENCE IWhere deceased lived, If institution; residence before admission C. CITY OR TOWN D. INSIDE CITY LIMITS? E. STREET AND NUMBER 10. USUAL OCCUPATION (Give kind of working life, even if relired) 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE ISTATE OF THE ALTH DEPARTMENT REG. NO. 69 15. 55 REG. NO. 69 15. 55 A. SEX A. STATE R. COUNTY A. USUAL RESIDENCE IWhere deceased lived, If institution; residence before admission A. STATE R. COUNTY MARYS C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO. 10. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISTATE or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE ISTATE OF COUNTRY 14. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISTATE OF COUNTRY 12. CITIZEN OF WHAT COUNTRY | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. NAME OF DECEASED 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institution; residence before admission at STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY HOSPITAL OR ADDRESS OR LOCATION) S. SEX 6. RACE 7. MARRIED NEVER MARRIED NOTE | | | | | | | |
| 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission in the structure of the structur | | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER S. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 10. USUAL RESIDENCE IWhere deceased lived, if institution: residence before admission in the street of the s | | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION C. CITY OR TOWN E. STREET AND NUMBER FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. HISSIDE CITY LIMITS? YES NOTE FOR MARRIED NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION GIVE kind of workings, KIND OF BUSINESS OR INDUSTRY 11 BISTUPI A CE IS A CE TO THE STREET AND INDUSTRY | | | | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET A STATE B. COUNTY MARYS C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NOTE E. STREET AND NUMBER F. STREET AND NUMBER NOTE F. MARRIED NEVER MARRIED WIDOWED DIVORCED OA, USUAL OCCUPATION (Give kind of worklose, Kind, of Business Or Industry) No. USUAL OCCUPATION (Give kind of worklose, Kind, of Business Or Industry) NOTE | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOE (In years lost birthday) Months Doys Hours Min. WIDOWED DIVORCED 7. MARRIED NIVER MARRIED 1. ACE 1514 A | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOE (in years lost birthday) Months Doys Hours Min. OA, USUAL DECUPATION (Give kind of workings, Kind, OF BUSINESS OF INDUSTRY 1) BIRTHER ACE (STATE OF BUSINESS OF BUSINESS OF INDUSTRY 1) BIRTHER ACE (STATE OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOE (in years lost birthday) Months Days Hours Min. WIDOWED DIVORCED 1. J. | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIEDX 8. DATE OF BIRTH 9. AOE (in years 11 Under 1 Ye. 11 Under 24 Hr North 10 Nort | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOE (in years lost birthdoy) Months Doys Hours Min. WIDOWED DIVORCED | | | | | | | |
| SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (in years lit Under 1 Yr. 11 Under 24 Hr. Months Doys Min. Months Doys Min. Months Doys Min. | | | | | | | |
| MARRIED NEVER MA | | | | | | | |
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| Gement finisher MANYCHAL USA | | | | | | | |
| FATHER'S NAME | | | | | | | |
| George William Green Emma Yateman | | | | | | | |
| Was December 1 U.S.A. I.S.A. IS.A. | | | | | | | |
| s, no or unknown) [lif yes, give wor or doles of service] 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS | | | | | | | |
| Mrs Edward Y. Green Ridge, Maryland | | | | | | | |
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| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | | | | | |
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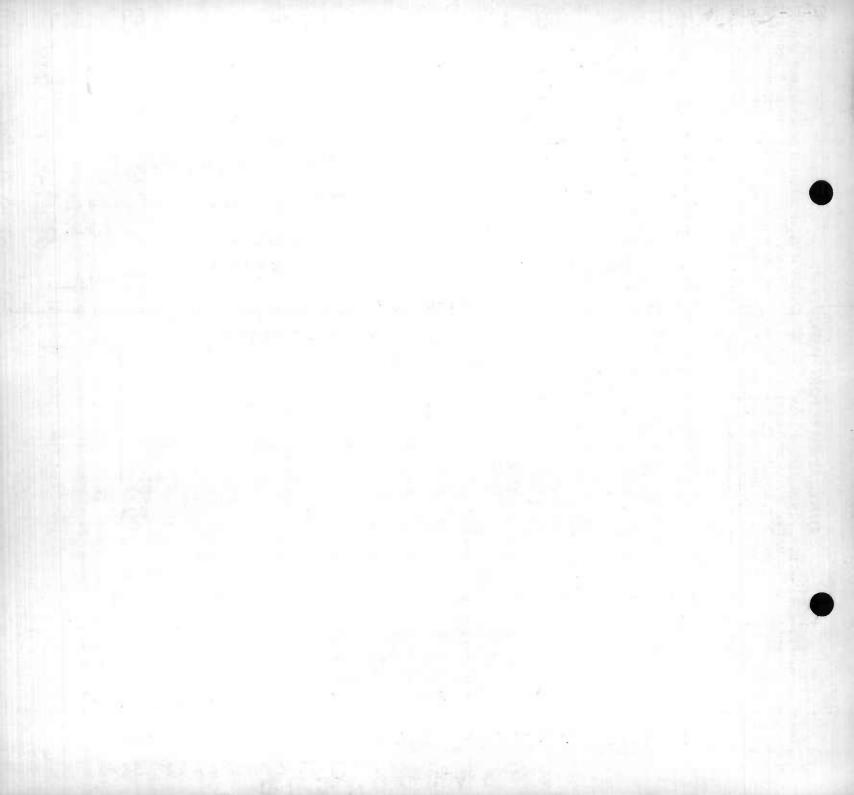


| | 69 1546 CEPTIFICATE OF DEATH REG. No. 69 1546 |
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| BI 1. | IRTH NO. 69 1546 CERTIFICATE OF DEATH REG. NO. 65 1546 |
| | NAME OF DECEASED 2. DATE AND HOUR OF DEATH yee or Print) |
| | Boddie J. Jones 2/1/69 2:25 PM |
| 3 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| FH | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NO BOLLO STREET ADDRESS OR LOCATION) |
| V | ISTITUTION US TO THE CITY LIMITS? |
| 1 | Maryland General Hospital E STREET AND NUMBER DI 10mg grace |
| Ì | York Rd. 10 21120 (horsens har |
| | SEX 6. RACE 7. MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. |
| | WIDOWED DIVORCED DIVORCED 73 Months Doys Hours Min. |
| | DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) |
| 00 | fore during most of working life, even if retired) |
| 13 | 3. FATHER'S NAME |
| | For I Day Same R. Lora |
| 15 | Wos Deceased Ever in U. S. Armed Forces! 16. SOCIAL 17. INFORMANT |
| (1 | (es, no or unknown) (If yes, give war ar doles of service) SECURITY NO. |
| - | 18. (2) (1) (CAUSE OF DEATH APPROXIMATE INTERVAL |
| | DISEASE OR CONDITION DIRECTLY |
| | LEADING TO DEATH (A) IMMEDIATE CAUSE CONGESTIVE LOCAT |
| | (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: |
| | injury or complication which caused deoth.) |
| | ANTECEDENT CAUSES (B) Stro Re |
| | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: |
| | rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C) |
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| NO. | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL |
| < | ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| TICLL | WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? |
| CED | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exect location) |
| 1 4 | OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? |
| (| |
| AAE | While At Not While |
| | Work L. At Work L. |
| | 22. I certify that (I) (this hospital) attended the deceased from Jan 2 1969 to Jechnary 7 1969 |
| | that (I) (we) last sow the deceased alive on Telephone 19 69 and that in (my) (our) opinion death accurred on the dat |
| | and hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death. |
| | 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff T |
| | DEGREE Phys. Director Phys. Director Phys. |
| | 23 CCPHYSICIAN'S NAME (Type) 23D. ADDRESS |
| | DEGREE |
| 24 | 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote) |
| | DUNIEL 2/10/07 S/alexidge cemercy Delta, renna. |
| 2: | SA. DATE REC'D BY HEALTH DEPT 969 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR |
| | Local a stanton ston for the ston |
| 13 | S 150-REV. 1/1/68 |



| W | 1-DAG | 69 1547 BALTIMORE CITY HEALTH DEPARTMENT 69 1547 |
|----------|--|--|
| | Peger | BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 1547 |
| | and eath ased the Such | 1. NAME OF DECEASED 22. DATE AND HOUR OF DEATH |
| | - a c d | (Type or Print) Pussel/M. MAYS |
| | + + 0 | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| | hospi use o (5) D ance deat | |
| | 7 2 0 | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS? |
| | l in a ng cause; cause; attend ior to | Singi Hospital of Baltimore Baffmore YES NO |
| | ting d cau r att r att prior | E. STREET AND NUMBER |
| | do red | THE BOD EdNOK STREET |
| _ | | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. if Under 24 Hrs. Months; Days Hours; Min. |
| | occur ontrik ermin regul eased is ma | MOTE LACE WIDOWED DIVORCED 1/3//2 36 |
| | th co in on i | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? |
| | or or it | Main tonders Mech Manufacturing MARM/And USA |
| | if de ect o 4) Un was the iposit | 13. FATHER'S NAME |
| | L 🔾 | Hither S. (USCE) Lydia Blanche Bollinger |
| IMPORTAN | kind; kind; death ce on | 15. Was Deceased Ever In U. S. Armed Forces? (Yes.no ar unknown) (III yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL 17. INFORMANT |
| | the chind kind least luce of final chind luce of the chind luce of | (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. 217-01-3714 |
| | if if if any sed | 18. CAUSE OF DEATH APPROXIMATE INTERVAL |
| P | iner or his ner. Also, acture of a pronounc praten | DISEASE OR CONDITION DIRECTLY |
| ≥ | | IThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: UNITED A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: |
| ** | | Lucon initiale application at the disease. |
| OR: | | injury or complication which caused dooth. |
| 5 | xam kami A fr who reg | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: |
| H | 3) A | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause IA) stating the |
| DIRE | B _ B _ E | UNDERLYING CONDITION last, (C) |
| | medical edical burns; hysicic n was remair | z II |
| AL | | O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), |
| * | ef medy but by cian he re | O ISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED |
| UNER | chi Boo Boo the the | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZ (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| H | the all by (2) ere o ph | OR CONTRIBUTING I CAUSE OF |
| | V 10 E - 0 | O DEATH (natify medical examiner) |
| | # 6 2 7 3 9 | 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Day Not While Company of the Co |
| | | While At Work At Work |
| | provent in he he he he he he he and and obtain | 22. I certify that (this hospital) attended the deceased from 9 Feb 19 69 to 9 Feb 19 69 |
| | 0000 | that (we) lost sow the deceased alive on 9Feb 19 69 and that in (our) opinion death accurred an the date |
| | 005- | and hour and from the couses stated above. (We) (did) view the bady after death. |
| | eased eased ident nospit deat | 23A. SIGNATURE 23B. DATE SIGNED |
| | 3 9.5.6 | Mones Atol MD DEGREE Phys. Director Phys. 9 12/1968 |
| | 0 - 0> | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1 |
| | rificate m y was rel 1) An acc), A. at a l d prior to approval | Morris Study MD SINAI HODITAL OF BOLTONDA |
| | certificat sody was rs: (1) An D.O.A. at ased pric | 24A. BURIAL CREMATION, 248. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (State) |
| | Dod Ser | Burial 2-12-69 Holly Hills Mem. Gardens Middle River Md. |
| | This certification of the body shows: (1) was D.O. deceased written a | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS |
| | | Wm. Cook-Brooks Towson, Inc. Towson, Md. |
| | | VS 150-REV. 1/1/68 |





o

was D.O decease written ecedse shows:

25A. DATE REC'D BY HEALTH, DEPT.

VS 150-REV. 1/1/6B

of death Deceased and death

HO

258. NAME OF REGISTRAR

1550

9:00

NO

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(State)

RAXX Drist-1-AA.Co.

25C. FUNERAL DIRECTOR

U. S. A.

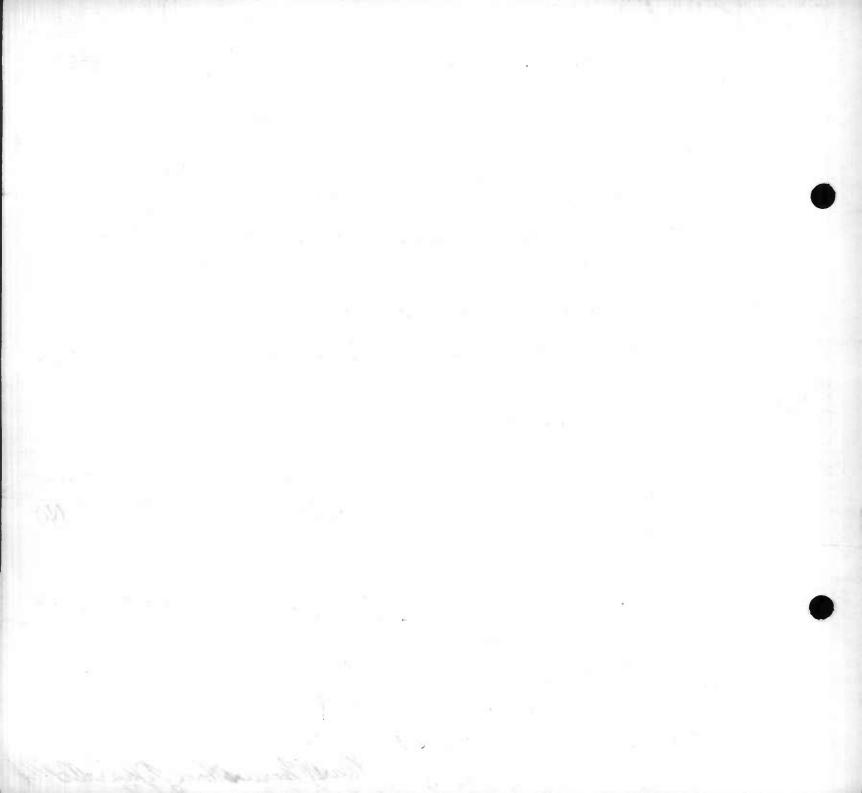
ADDRESS

vears

Hours Min.

namph No. mana 47

| CO 45 | BALTIMORE CITY | HEALTH DEPARTMENT | / | | | | | |
|---|---|---|-----------------------------|--|--|--|--|--|
| BIRTH NO. | | TE OF DEATH | REG. NO | 69 1551 | | | | |
| (Type or Print) OLIVER K. T | HOMSON | 2. DATE AND | HOUR OF DEATH | . 240 | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | | 4. USUAL RESIDENCE (Where | deceased lived. Il institut | tion: residence belore admission! | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) | | MARYLAND BALTIMORE 53-00 C. CITY OR TOWN PINES VIAMED. INSIDE CITY LIMITS? | | | | | | |
| 32 THE JOHNS HOPKINS | HOCDITAL | BALTIMORE " | S VI White C. INSIDE C | Company of the Compan | | | | |
| 20 THE SUMMS MUPKINS | HUSPITAL | E. STREET AND NUMBER | 1115 | | | | | |
| 5. SEX 6. RACE 7. MADD | ED NEVER MARRIED | 8. DATE OF BIRTH 19. | AGE (In years If | Made 1 V. W. Made 1 Co. | | | | |
| MALE WHITE WIDOW | ED DIVORCED | 10-4-12 | I birthday) Mo | Under 1 Yr. If Under 24 Hrs. Poths Doys Hours Min. | | | | |
| IOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if relired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign | | CITIZEN OF WHAT COUNTRY? | | | | |
| D | t-EMPhoyEd | CHIONES Th | 4 | 7/1/1 | | | | |
| 13. FATHER'S NAME | C -11/1/1/4/FC | 14. MOTHER'S MAIDEN NAME | 17: | 9.4.61 | | | | |
| OLIVER THOMS | | MARGARE | T KERKEOOD | | | | | |
| 15. Was Deceased Ever in U.S. Armod Forces? (Yes,no or unknown) [If yes, give wer or dates of service | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | | | |
| NO NONE | 216-05-8369 | HOSPITAL REC | roade | | | | | |
| 18.225.91 | CAUSE OF DEATH | | - C A 42 | APPROXIMATE INTERVAL | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | 1. | | BETWEEN ONSET AND DEATH | | | | |
| (This does not mean the mode of dving, e.g. (A) IMMEDIATE CAUSE // LUTTURE GLOTTON | | | | | | | | |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | | |
| DISEASES OR CONDITIONS, if any, givi | (B) DUE TO OR AS | A CONSEQUENCE OF: | | | | | | |
| rise to the above cause (A) stating UNDERLYING CONDITION last. | ****** | | | | | | | |
| ONDERLING CONDITION IGST. | (c) | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1995, CONDITION FOR WAS PERFORMED 214, ACCIDENT WAS UNDERLYING TO | G Rere | Lailon | | unterous | | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO | | 20A-AUTOPSYZIYes or No. 2 | OB. IF YES, WERE FINDS | NGS CONSIDERED | | | | |
| WAS PERFORMED | | 1865 | N CERTIFYING CAUSES | OF DEATH? | | | | |
| OR CONTRIBUTING CAUSE OF | 218. PLACE OF INJURY (e.g., in name, form, factory, street, off atc.) | or obout 21C. WHERE DID | (If In Baltimore City | , give exect location) | | | | |
| OF INJURY (Manth) (Doy) (Year) (Houd) | TE INJURY OCCURRED | 21 F. HOW DID INJURY | OCCUR? | | | | | |
| 1(APPROX.) | While At Not While Not While At Work | | | | | | | |
| 22. I certify that (1) (this hospital) attended | d the deceased from 3 | | 69 to 5 = | tuling 1969 | | | | |
| that (1) (we) last saw the deceased alive a | n 4 Februare | 19 6 9 and that I | n (my) (aur) apinian | death accurred on the date | | | | |
| and hour and from the causes stated abave | (D'(We) (did (did not) | ew the body after death. | | 10/12/2012/2013/2013/2013/2013/2013/2013 | | | | |
| 23A. SIGNATURE | | | | DATE SIGNED | | | | |
| Jawwe to Juls | DEGREE Phys. | ding Med. Staf | [] S | Feb 69 | | | | |
| 28C. PHYSICIAN'S NAME (Type) | 2 | 3D. ADDRESS | | | | | | |
| LAWRENCE | F. JELSOMA | THE JOHNS HOP | PKINS HOSP | ITAL | | | | |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify! | NAME of CEMETERY OF CREE | MATORY 24D. LOCA | | or countyl (Stole) | | | | |
| BYRTANATION Let, 81969 W | OUGON PARK C | REMATORY BA | WIMORE | Met. | | | | |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM | E OF REGISTRAR | 25G PUNERAL DIRECTOR | Al 1 | ADDRESS MI | | | | |
| VS 150-85V 1/1/49 | relia for the second | V CHELL MEKOL | afterne le | Karribolly | | | | |



VS 151-REV. 1/1/68

69 1552 BALTIMORE CITY HEALTH DEPARTMENT

69 1550

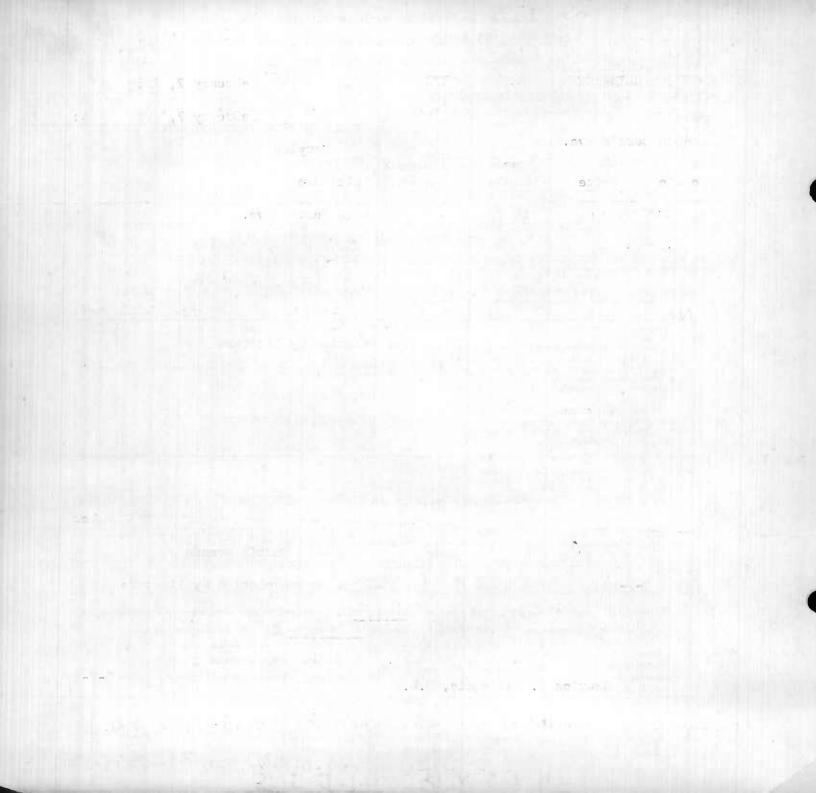
28 me.

| BIRTH NO. | MED | ICAL | EXAMINER'S | CERTIF | CATE OF | DEAT | H REG. NO. | | 上しじた | - |
|-------------------------------|--|--------------|---|----------------|------------------|---|------------------|--------------|--------------|----------|
| 1. NAME OF DE | CEASED | A. | | 2. DATE | Known K | Month | Day | Yeor | Hour | |
| (Type or Print) | LAWRE | NCE MC | CUBBIN. | OF DEATH | MEstimoted | Febru | uary 8, | 1969 | | М |
| 4. PLACE IN BA | LTIMORE, MARYLAND, V | VHERE PRO | NOUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour | 141 |
| FULL NAME OF | (IF NOT IN HOSPITA | AL OR INSTIT | UTION, GIVE STREET | PRONC | UNCED DEAD | Febru | uary 8, | 1969 | 9:55 | Δ |
| OR INSTITUTION | ADDRESS OR LOCA | TION) | | 5 HISHIALI | RESIDENCE (Where | | | | | 1111 |
| IIni | waraity Usani | 1 + 0 1 | (DOA) | A. STATE | | | B. COUNTY | 1 | A P | siony |
| | versity Hospi | | (DOA) | | Maryland | | T | 21 | -01 | |
| 6. SEX | 7. RACE | 8. MARRIE | D NEVER MARRIED | C. CITY O | | | D. INSIDE CI | TY LIMITS? | | |
| Male | White | WIDOWE | DIVORCED | | Baltimore | 9 | YE | s 🗆 X | NO 🗆 | |
| 9. DATE OF BIRT | H 10. AGE (I | nyeors | If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min. | E. STREET | AND NUMBER | | | | | |
| 10/41 | 1996 lost birthdo | 2 1 | nontris Doys Hours Mill. | | 507 Wyetl | Stree | et | | | |
| II. BIRTHPLACE | State or foreign country) | 1 | 2. CITIZEN OF | 13. FATHER | | | | | | |
| 10 +: | 2.1 | | WHAT COUNTRY? | 9. | | 2.4 | 201 | 9 | | |
| Dallari | ore, MA- | 1 4B KIND | or purhities on lauguern | 1 an | res a. | MC | uovi | 81 | | |
| done during most of | working life, even if retired) | A C | OF BUSINESS OR INDUSTR | T MOIN | ER 3 MAIDEN NAT | ALE A | | | | |
| Labo | | Bal | Terrior Gily | 600 | una 6 | ugles | | | | |
| 16. WAS DECEAS | SED EVER IN U.S. ARMED a) (If yes, give wor or dotes | FORCES? | 17. SOCIAL SECURITY NO. | 18. INFOR | MANT | de. | | DRESS | FOL | o De |
| 210 | (ii y cs, give wor or doles | or service, | SECONII IJIVO. | mr. C | Garles | The | isacc | 4433 | 4.10101 | 2.74 |
| 19. | 9 11 | | CAUSE OF DEA | TH | Course ! | 1 | | Al | PROXIMATE IN | TERVAL |
| 7/0 | 4 1 | | | | | | | | VEEN ONSET A | ND DEATH |
| DISEAS | SE OR CONDITION DIRE | CTLY | Arteriosc | lerotic | cardiovas | scular | disease | | | |
| (This does a | LEADING TO DEATH not mean the mode of dy | lac a c | (A)IMMEDIATE | | | | | | | |
| heort foilure | e, osthenia, etc. It means the mplication which caused de | diseose, | DUE TO, OR | AS A CONSE | QUENCE OF: | | | | | |
| DISEASES RISE TO TH UNDERLY!! | OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA NG CONDITION LAST. | ONTRIBUTII | | AS A CONSI | EQUENCE OF: | # 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | | | | |
| DISEASE OF | ATH BUT NOT RELATED TO R CONDITION GIVEN IN P | | •AL | | | | | | | |
| 20A. DATE O | | | OR WHICH OPERATION W | AS PERFOR | MED | | | | PSY? (Yes o | r No) |
| _ | Alar Caller MAC | lo | OD OLACE OF MUIDY | | 000 11111-05 010 | tir . n tu | | N | 0 | |
| UNDERLYING | RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. | h | 2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office | e bldg., etc.) | INJURY OCCUR? | (It in BoltImor | e City, give exo | ct location) | | |
| ∑ 22D. TIME | | r) (Hour) | 22E, INJURY OCCURRED | | 22F. HOW DID IN | JURY OCCU | JR? | | | |
| OF INJURY (APPROX.) | | | | WHILE | | | | | | |
| 23. | | n | n. WORK L AT V | VORK | | | | | | |
| | tify that I held an I | nauiry [| Inspection X Au | tonsy 🗍 | and that on th | nis hosis | death in my | oninian | | |
| | | 497 | | | | | | | | |
| resul | Ited from: Natural cau | ses (L) | Accident Suici | de 🔛 H | | | ned manner L | _ | | |
| 4.671141 | 100 1 | 11 | 1) | | CHIEF MEDICAL E | XAMINER | | | DATE SIGN | VED |
| SIGNAT | 1 / . // | 40 | 18 32 MI | ASS | ISTANT MEDICAL E | XAMINER | X | | 27112 0101 | |
| EXAMIN NAME (| NER'S Charles | S. S | pringate, M.D. | ASS | OCIATE MEDICAL E | XAMINER | □ Feb | ruary | 9, 196 | 69 |
| 24A. BURIAL CRE | MATION, 24B. DATE | | 24C. NAME of CEMETERY | or CREMAT | ORY 24D. | LOCATION | (City, towr | , or county |) (Sto | te) |
| REMOVAL (Spec | | 100 | 0 0 - | 2.0 | | 1 | 1 | 0 | 2 | 2 |
| Burea | 2/11/ | 69 | Meadowrite | re 6.e | | TOWA | M | 60. | M | C . |
| 25A. DATE REC'D | BY HEALTH DEPT. | 25B. NA | ME OF REGISTRAR | 25C. | FUNERAL DIRECT | PR | A | DDRESS | 001. | St |
| | en e sacri | - | 0 7 0 | 10 | 10 40 | | 0 0 | der . | 1,000 | |

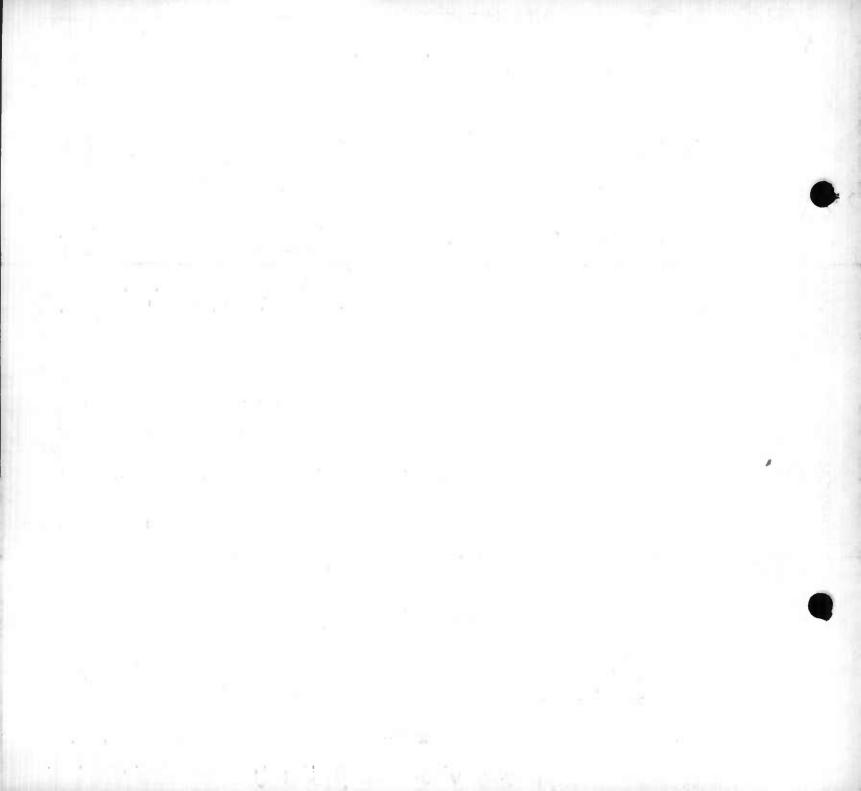
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

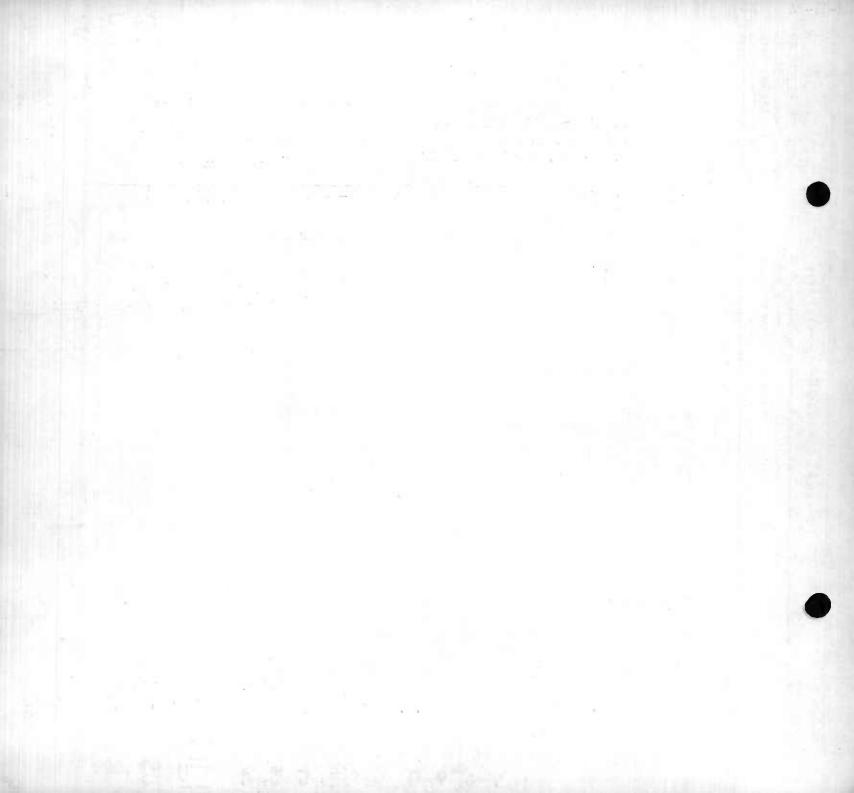
| BIRTH NO. | REG. NO. | |
|--|---|-------------------------|
| I. NAME OF DECEASED | 2. DATE Knawn XX Month Day Yes | ar Hour |
| (Type or Print) ELIZABETH ANN WHITE | DEATH Estimoted February 7, 1969 | м. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Ye | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD February 7, 1969 | 6:00 P _{M.} |
| OR INSTITUTION | 5. USUAL RESIDENCE (Where deceased lived. If institution: residen | nce before admission) |
| 4816 Curtis Ave. | A. STATE Maryland B. COUNTY | 1.5.05 |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | | TS? |
| Female White WIDOWED DIVORCED | Baltimore YES | NO 🗆 |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. | E. STREET AND NUMBER | NO |
| oct. 28, 1954 lost birthday) 14 Months, Doys, Hours, Min. | 4816 Curtis Ave. | |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME | |
| BALTINORE WHAT COUNTRY? | Cec, L 1. white | |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY | | |
| dane during most of working life, even ifretired) | MARY BREWER | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | 18. INFORMANT ADDRESS | |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | FAMILY 4816 Center | and. |
| 119. CAUSE OF DEA | TH | APPROXIMATE INTERVAL |
| Stron | gulation by ligature | BETWEEN ONSET AND DEATH |
| LEADING TO DEATH | | |
| (This does not mean the made of dying, e.g., | AS A CONSEQUENCE OF: | |
| heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) | | |
| | | |
| ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CHAIN CHAIN | AS A CONSEQUENCE OF: | |
| RISE TO THE ABOVE CAUSE (A) STATING THE | AS A CONSEQUENCE OF. | |
| UNDERLYING CONDITION LAST. (C) | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS DEDE ORMED | UTORCVO (Voc or No.) |
| O D | 43 PERFORMED 21. AL | UTOPSY? (Yes or No) |
| ₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., | in an about 22C WHERE DID ALL IN CO. | Yes |
| UNDERLYING FOR CONTRIB. home, form, foctory, street, office | in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotice bldg., etc.) INJURY OCCUR? | |
| UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED | 4816 Curtis Avenue | 25-05 |
| OF INJURY | WHILE | |
| (AFFROX.) 2-7-69 ? m. WORK AT W | | |
| 23. | | |
| | topsy X and that on this basis, death in my apinia | n |
| resulted fram: Notural causes Accident Suicid | | |
| ACTUAL () | Cities intedicate examinates | DATE SIGNED |
| SIGNATURE MO | ASSISTANT MEDICAL EXAMINER | |
| EXAMINER'S NAME (Type) Charles S. Springate, M.D. | ASSOCIATE MEDICAL EXAMINER | 2-8-69 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | or CREMATORY 24D. LOCATION (City, town, or cou | unty) (Stote) |
| REMOVAL (Specify) | | (51010) |
| Burrol FEB. 10, 1969 Chen Haven C | G ALL D TIC IS IN |). |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS | |
| MED II 1969 Robert E. Santagra | John H. Halm, 4200 Penning ton a | 100 21226 |
| VS 151-REV. 1/1/6B | 1 5 6 0 | |



VS 150-REV. 1/1/68



| 42-41-34 NG] | 1 | 1116-01 | 1 | | | HEALTH DEPARTMEN | | 00 45 |
|---|----------|--|--------------------------|----------------|------------------------------|-----------------------------|-------------------------|--|
| 2001 | RIE | RTH NO. | 4 69 | 155 | 5 CERTIFICA | TE OF DEAT | H REG. NO. | 69 1555 |
| pital and of death Deceased e on the ath. Such | 1, 1 | NAME OF DECEASED |) | | | 2, DA | TE AND HOUR OF DEAT | гн |
| - D 0 C - | | | MIMALY | McC | Ichland | U4 HSHAL BESIDENCE | 2-8-69 | institution: residence before of mission) |
| - 00 | 3. | | | | | A. STATE 8. | COUNTY | 60 |
| a hosi cause se; (5) endanc | FU | | | | UTION, GIVE STREET | Maryland c. CITY OR TOWN | Baltimo | NSIDE CITY LIMITS? |
| | IN | 11 | ltimore Ci | | itals: | | | YES NO X |
| ng ng cau | | | 40 Eastern ltimore, 1 | | #21221 | E. STREET AND NUMI | | |
| ar ar de d | 5, | SEX 6. RA | | | X NEVER MARRIED | 8. DATE OF SIRTH | 9. AGE (In yeors | If Under 1 Yr. If Under 24 Hrs. |
| occurred ir ontributing ermined car regular att | | | White | WIDOWED | = = | 5-1-1893 | lost birthdoyl | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| - D - O - | | | ON (Give kind of wor | k 108. KIND OF | BUSINESS OR INDUSTRY | | | 12. CITIZEN OF WHAT COUNTRY? |
| p - P - P - | | utomobile N | | Automo | biles | Marylar | nd | USA |
| | 13. | FATHER'S NAME | | | | 14. MOTHER'S MAIDE | | |
| NT if directly with won the lists on the lists of the lis | 1 | John McCle | | | | Susan | Meade I | Earle |
| TAN istant he did kind; death ce on nal did | (Y e | Was Deceased Ever i s, no or unknown) (If ye | s, give war ar dot | es of service) | SECURITY NO. | BCH Records: | 4940 Easter | |
| ORT Assissification of the theory of the the theory of the | - | NO 18. / / / | | | 215-10-7801 CAUSE OF DEAT | | Baltimore, 1 | Maryland #21224 |
| Po si ce no o | | 7-1-51 | CONDITION DI | RECTLY | CAUSE OF BEAT | | | BETWEEN ONSET AND DEATH |
| IMF or his Also, e of countrer med | | (This does not me | ING TO DEATH | distant in a | (A)IMMEDIATE CAL | A CONSEQUENCE OF: | BRAIN Jyn | drome |
| 1 5 7 | | heart failure, asther | nia, etc. Il means | the disease, | DUE TO, OR AS | A CONSEQUENCE OF: | | |
| Miner niner. fractu o pro gular emba | | | CEDENT CAUSES | | Dulana | alante Con | diovascular. | 7 |
| Xan am A f who | | DISEASES OR CO | | | DUE TO, OR AS | A CONSEQUENCE OF: | alovassa.cev S | Dir cas A |
| DIRECTOR: cal examiner al examiner s; (3) A fractu cian who pre as in regular | | rise Ia The abo | | slating the | (c) | | | |
| | 7 | 1.000 | 11 | | | | | |
| RAL D f medica medica / burns physici ian was | ATION | TO THE DEATH BUT | NOT RELATED TO T | HE TERMINAL | | | | |
| | | 19A. DATE OF OPER | | IDITION FOR | WHICH OPERATION | 20 A. AUTOPSY? (Yes | or No. 20B. IF YES, WEI | RE FINDINGS CONSIDERED CAUSES OF DEATH? |
| chie Bodd the the | CERTIFIC | 21A ACCIDENT W | | | PLACE OF INJURY (e.g., | 1V0 | | |
| ======================================= | ¥ | 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic | CAUSE OF | horr etc. | e, form, foctory, street, o | fice bldg., INJURY OCCI | NS. (IL IU BOILL | nore City, give exact location) |
| Ð.º - ≯ - Þ | MEDIC | 21 D. TIME (Mon | th) (Doy) (Year) | | INJURY OCCURRED | 21F. HOW DI | D INJURY OCCUR? | |
| hosi natu d (6) aine | × | (APPROX.) | | Wh | ile At Not While | e 🔲 | | |
| o x x c t t t t t | | 22. I certify that | (1)(this haspita | | | 2-1- | 1969 to | 2-8-1969, |
| dapp to the | h | that (1) we) lost | sow the deceas | ed olive on | 2-8 | - 19 6 9 0 | nd that in (my) (aur) (| pinlon death occurred on the date |
| 070011 | | | the causes sta | ted obove. | (We) (did) (dld not) | riew the body ofter de | eoth. | |
| e must be released accident a hospit r to deat | | 23A. EIGNATURE | 11 (| 1 | Atte | ending Med. | □ Staff □ | 238, DATE SIGNED |
| a historia | | 23C. PHYSICIAN'S | Topher. | Stuck | O GREE Phy | s. Director | Simore City Ho | 2-8-69 |
| was r An at prior | | 23 C. PHYSICIAN'S NAME (Type) | D 01 | | / | 202 | | re, Maryland #21224 |
| # A P T T T | 24 | A SURIAL CREMATIC | DN. 24B. DATE | 24C.N | TUCKY M. D. DEGREE | | | (City, town, or county) (Stote) |
| This certificate the body was a shows: (1) An a was D.O.A. at deceased prior written approv | I | REMOVAL (Specify | 2/11/69 | | Oak Lawn Ceme | tery | Colgate, M | Md. |
| This cert the body shows: (was D.O decease | 25 | A. DATE REC'D BY H | | | OF REGISTRAR | 25C. FUNERAL DIR | ECTOR | ADDRESS |
| サキャッション | 1 | | .P.A. 1000 | Holyel | C. Johnson | Ullrich Fp | erol Home Dur | ndalk, Md. |
| | VS | 150-REV. 1/1/68 | | | C & ME P | | | |



69 1556 BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. | | MED | ICAL | . E) | KAMINER'S | CERTIF | ICATE | OF | DEAT | H REG. NO | | | |
|--|---|---|-------------------|----------------|---|-------------------------------|---|----------|----------------------------------|---|--------------------|--|----------|
| 1. NAME OF DE | CEASED | | | | | 2. DATE | Known | | Month | Doy | Yeor | Hour | |
| (Type or Print) | ADA MUF | RPHY | | | | OF DEATH | Estimote | ed 🗆 | Febru | ary 9,1 | 969 | 8:10 | P.M. |
| 4. PLACE IN BA | | | | | | 3. DATE | UNICED DE | AD. | Month | Doy | Yeor | Hour | |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NO | T IN HOSPITA | AL OR INS | TITUTIO | ON, GIVE STREET | | UNCED DE | | | uary 9, | | 8:10 | 1.0 |
| | UTH BALI | ro'. Gei | NERAL | НО | SPITAL (DOA) | A. STATE | West | | | ed. If Institution | on: residence | before odr | nission) |
| 6. SEX Female | 7. RACE White | 2 | 8. MARR | _ | NEVER MARRIED DIVORCED | c. city o Berk | eley S | prin | gs | D. INSIDE C | TTY LIMITS? | NO 🗆 | |
| 9. DATE OF BIR 9 28 189 | | 10. AGE (li lost birthdo | yeors y) 74 | | nder 1 Yr. If Under 24 Hrs. hs ; Doys ; Hours ; Min. | | and Num | | cec | | | | |
| 11. BIRTHPLACE | (State or foreig | in country) | | | CITIZEN OF WHAT COUNTRY? | 13. FATHE | R'S NAME | | | | | 1.3 | |
| | inia | e kind of work | 148. KIND | I | I S A BUSINESS OR INDUSTR | | on Hov | | | | | | |
| done during most of HOUSE | working life, every | en ifretired) | | | At Home | Mam | ie Lin | ewea | ver | | | | |
| 16. WAS DECEA (Yes, no or unknow | SED EVER IN n) (If yes, give v | U.S. ARMED | of service | 5? | 17. SOCIAL SECURITY NO. | 18. INFOR | MANT Robert | J.] | Murphy | | DDRESS Byrd | St. | |
| 19. | 0 11 | | | | CAUSE OF DEA | | | | 1 0 | | A | PPROXIMATE | |
| (This does heart failur | SE OR COND LEADING TO not mean the re, asthenia, etc. | DEATH mode of dy . It means the | ing, e.g., | | Arterio (A)IMMEDIAIE (DUE TO, OR | | | | ascula | ar dise | | WEEN ONSE | and DEAT |
| DISEASES RISE TO TH UNDERLYI | OR CONDITION OR CONDITION OR CONDITION OR ABOVE CAI OR CONDITION OR CONDITION OR CONDITION OR CONDITION | ONS, IF ANY USE (A) STATION LAST. II NOTIONS CORRELATED TO | ONTRIBUT | ING | (B) DUE TO, OR | as a consi | EQUENCE OF | F: | | | | thermoster was an early day to the former day of | |
| 20A. DATE C | | | | | WHICH OPERATION W | AS PERFOR | MED | П | | | 21. AUTO | OPSY? (Ye | s or No) |
| UNDERLYIN | RNAL CAUSE G OR CON AUSE OF DEA | TRIB- | | 22B. F home | PLACE OF INJURY (e.g., form, foctory, street, office | in or obout e bldg., etc.) | 22C. WHERE | E DID (I | f in Boltimor | e City, give ex | coct locotion) | | |
| OF INJURY (APPROX.) | | Ooy) (Yeo | ·) (Hou | · W | | WHILE ORK | 22F. HOW E | INI DIC | URY OCCI | JR? | | | |
| | TURE Y Edw | | Fth | 1,0 | Suicion Suicion M.E. | ASS | and tha amicide C CHIEF MED ISTANT MED | DICAL EX | Indetermin KAMINER KAMINER | death in my ned manner \times \times k | | DATE SI | GNED |
| 24A. BURIAL CRI REMOVAL (Spe | EMATION, 2 cify) | 48. DATE | | | C. NAME of CEMETERY | or CREMAT | ORY | | OCATION | | vn, or county | | itote) |
| Burial | | 2 13 6 | - | 100:5 | Greenway | 1 | | | | y Sprin | | . Va. | |
| 25A. DATE REC'I | D BY HEALTH I | DEPT. | 258. N | AME | OF REGISTRAR | 25C. | FUNERAL D | | Cully | | ADDRESS BO E. F | ort b | ve. |
| VS 151-REV. 1/1/6 | 6B | 1909 | 509 | 5 | - 9 0 0 | 0 | 5 5 | 5 | | | | | |

T-623

69 1557 BALTIMORE CITY HEALTH DEPARTMENT

| 1557 |
|------|
| |
| |

| BIR | RTH NO. | ^ | MEDICAL EX | XAMINER'S | LERTIFIC | CATE OF | DEAT | H REG. NO | | | |
|-------------|------------------------------------|--|----------------------|--|------------------------------------|--------------------------|----------------|-------------------|-------------|--------------|-----|
| | NAME OF DEC | EASED | 1 | | 2. DATE | Known 🔛 | Month | Doy | Yeor | Hour | |
| Тур | pe or Print) | JOHN T | RUST | | OF DEATH | Estimated | 2 | 7 | 69 | 8:30 | 0 M |
| 4. | PLACE IN BALT | IMORE, MARYLA | ND, WHERE PRONG | DUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour | a |
| 10 | L NAME OF SPITAL INSTITUTION | (IF NOT IN H | OSPITAL OR INSTITUTI | ON, GIVE STREET | | NCED DEAD SIDENCE (Where | Februa | | 1969 | 8.30 | a M |
| 1 | 00 | m 1 · | Rm. 116 | D.O.A. | A. STATE | SIDEINCE (Where | | B. COUNTY | residence o | × / | ion |
| 5. | SEX | Edison 7. RACE | | Gay St. | C. CITY OR | Maryland | | D. INSIDE CIT | Y LIMITS? | 0/ | |
| | Male | White | WIDOWED [| | | | | | | | |
| _ | DATE OF BIRTH | | GE (In years If U | nder 1 Yr. If Under 24 Hrs. | E. STREET A | ND NUMBER | | YE | S 🗀 - I | 40 L | |
| - | 0-0 12 1 | lost | birthdoy) Mon | hs Doys Hours Min. | 0 | N Cor Ca | h D | 116 | | | |
| 1. | BIRTHPLACE (S | tote or foreign cou | | CITIZEN OF | 13. FATHER | N. Gay St | KHI. | . 116 | | | |
| | Mary | land | ' | WHAT COUNTRY? | Hermo | in Taust | | | | | |
| 44 | USUAL OCCU | | of work 148. KIND OF | BUSINESS OR INDUSTR | | | ΛE | | | | |
| ·On | Seama | | enred) | | Anna | Mae Pier | no | | | | |
| 6. | WAS DECEASE | D EVER IN U.S. | ARMED FORCES? | 17. SOCIAL SECURITY NO. | 18. INFORA | IANT | | AD | DRESS | | |
| | yes | WW7 | 7 | unknown | Char | les E. Ash | e 214 | 47 Gray | throne | 2 Rda | |
| | 19. 5 7 | 1.81 | | CAUSE OF DEA | TH | | | | | PROXIMATE IN | |
| | DISEASE | OR CONDITION | N DIRECTLY | | | | | | | | |
| | t | EADING TO DEA | ATH | (A)IMMEDIATE | CAUSE Fa | tty altera | ation o | of the 1 | iver | | |
| | heart follure, | of mean the mode osthenio, etc. It me | eans the disease, | | AS A CONSEQ | | | | | | |
| | injury or com | plication which cou | sed deoth.) | | | | | | | | |
| | AN | TECEDENT CAUS | SES | (B) | | 94 | | | | | |
| | DISEASES C | ABOVE CAUSE | IF ANY, GIVING | DUE TO, OR | AS A CONSE | UENCE OF: | | | | | |
| z | UNDERLYIN | G CONDITION | LAST. | (c) | | | | | | | |
| <u></u> | | 11 | | | | | | | | | |
| RTIFICATION | | | ONS CONTRIBUTING | | | | | | | | |
| Ē | DISE ASE OR | CONDITION GIVE | N IN PART 1 (A). | | | | | | | | |
| CER. | 20A. DATE OF | OPERATION 208 | B. CONDITION FOR | WHICH OPERATION W | AS PERFORM | ED | | | 21. AUTO | PSY? (Yes o | No) |
| _ | 2 | | | | | | | | | Parti | a1_ |
| ₹ O | | NAL CAUSE WAS ☐OR CONTRIB- | 22B.1 | PLACE OF INJURY (e.g., e, form, foctory, street, office | in or abaut 2 e bldg., etc.) II | OURY OCCUR? | If in Boltimor | re City, give exo | t locotion) | | |
| 回 | UTING CA | USE OF DEATH. | | | | | | | | | |
| Σ | OF INJURY | Month) (Doy) | | ZE.INJURY OCCURRED | | 2F. HOW DID IN | JURY OCC | JR? | | | |
| | (APPROX.) | | | | VORK | | | | | | |
| | 23. | | | | Itopsy XX | | to Locate | Janet Committee | | | |
| | | ify that I held a | 7.57.7 | | | and that an th | | - | _ | | |
| | result | ed fram: Natur | alcauses (L) A | ccident L Suici | | | | ned manner L | _ | | |
| | ACTUAL | 1)0 | 1201/ | 11 | | HIEF MEDICAL E | | | | DATE SIGN | IED |
| | SIGNATE | JRE O Che | of alkan | M.C | ASSI | STANT MEDICAL E | XAMINER | KX. | | | |
| | EXAMINE | | anald N Va | med lum M D | ASSC | CIATE MEDICAL E | XAMINER | 2/ | 7/69 | | |
| 24. | NAME (T | | | rnblum, M.D. | ar CREMATO | RY 24D. I | LOCATION | | or county) | (Stot | e) |
| | MOVAL (Specif | | | 0 1 | | | | | A4 2 | (5.6. | |
| 0.5 | Burial | 2/ | 10/69 | Baltimore No | | | | ltimore | Md | 1 | |
| 25. | A. DATE REC'D | BY HEALTH DEPT. | 258. NAME | OF REGISTRAR | | UNERAL DIRECTO | | | DDRESS | | |
| | | \$ 11 196 | 9 00 0 6 | Stankey P.A. | fo | hn A. Mo | ran, Ir | rc. 3000 | E. Bai | to. St | |
| 10 | 151 DEV 1/1/49 | | 100 | 41111 | 2 8 | a tag | | | | | . / |

The colonies of the colonies

C-200

69 1558 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|---------|-------------------|-------------|----|-------|
| MEDICAL | EM WITH TER O | CERTIFICATE | | RE |

| | MED | | EXAMINER'S C | | | DEAT | H REG. NO | 69 | 1558 |
|--|---|---|-----------------------------------|-------------------|----------------|-----------------------|--------------------|-----------|---------------------|
| IRTH NO. | | | | | | | KEG. NO | | |
| NAME OF DEC | CEASED | | | 2. DATE | Known XX | Month | Day | Year | Hour |
| ype or Print) | WILLIAM A. | COOK | | OF DEATH | Estimoted | 2 | 6 | 69 | 4:15 pm. |
| PLACE IN BAL | TIMORE, MARYLAND, V | WHERE PRON | OUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour |
| ULL NAME OF OSPITAL R INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOCA | | TION, GIVE STREET | | NCED DEAD | | ary 6, 19 | 969 | 4:15 p _M |
| 35 | Church Home | and Ho | ospital | A. STATE Ma | ryland | 00000001 | B. COUNTY | 2 | -03 |
| SEX | 7. RACE | B. MARRIED | NEVER MARRIED | C. CITY OR | OWN | | D. INSIDE CIT | Y LIMITS? | |
| Male | White | WIDOWED | ☐ DIVORCED ☐ | Balt | n - | | YES | I N | 0 🗆 |
| DATE OF BIRT | | | Under 1 Yr. If Under 24 Hrs. | E. STREET A | | | 1 123 | , | |
| August 1 | 7 | 5? | nths Doys Hours Min. | | Wolfe St | . ? | | | |
| . BIRTHPLACE (S | State or foreign country) | 12. | CITIZEN OF | 13. FATHER'S | NAME | | | | |
| Man | ruland. | | WHAT COUNTRY? | John | Cook | | | | |
| A.USUAL OCCU | PATION (Give kind of work | 14B. KIND OI | BUSINESS OR INDUSTRY | 15. MOTHER | S MAIDEN NA | ME | | | |
| [1] [| working life, even if retired) | | | Monda | 2 | | | | |
| Welde | | D FORCES | 17. SOCIAL | 18. INFORM | Parr | | AD | DRESS | |
| es, no or unknown | ED EVER IN U.S. ARMEI | of service) | SECURITY NO. | | | - 0 11 | | | |
| no | | | unknown | Alice | J. Cook | 3 J.K. | resson S | treet | |
| 19. | 2.4 | | CAUSE OF DEAT | тн | | 1 63 | | | OXIMATE INTERVAL |
| (This does not heart follure injury or con DISEASES (IN THE UNDERLYIN) | IE OR CONDITION DIRE LEADING TO DEATH into mean the mode of dia, osthenio, etc. It means the inplication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS C | ying, e.g., e diseose, oth.) Y, GIVING TING THE | (A) IMMEDIATE CONTROL OF A | | - | Vascu1 | ar diseas | 56 | |
| DISEASE OR | ATH BUT NOT RELATED TO R CONDITION GIVEN IN F | THE TERMIN A | | | | | | | |
| 20A. DATE OF | F OPERATION 208. CO | NDITION FO | R WHICH OPERATION WA | AS PERFORME | D | | | 21. AUTOP | SY? (Yes or No) |
| 21 | | | | | | | | Y | ES |
| | NAL CAUSE WAS | 22B | PLACE OF INJURY (e.g., | in or about 22 | C. WHERE DID | (If in Boltimo | re City, give exac | | |
| | GOR CONTRIB- | hon | ne, form, foctory, street, office | e bldg., etc.) IN | JURY OCCUR? | | | | |
| | (Month) (Doy) (Yea | r) (Hour) | 22E.INJURY OCCURRED | 22 | F. HOW DID IN | HIPV OCC | IIP2 | | |
| OF INJURY | (Monny (Doy) (160 | (11001) | | WHILE C | ·· HOW DID II4 | JOK! OCC | OKI | | |
| (APPROX.) | | m. | | ORK | | | | | |
| | ted fram: Natural cas | Inquiry Duses XX | | c | | Undetermi EXAMINER | death in my c | j | DATE SIGNED |
| EXAMIN | | - 1 | | ASSO | LATE MEDICAL E | XAMINER | | | |
| NAME (1 | | F. Wil | son, M.D. | | | | 2/ | 7/69 | |
| 4A. BURIAL CREA | MATION, 248. DATE | | 4C. NAME of CEMETERY | ar CREMATO | 24D. | LOCATION | | | (State) |
| Buria | 2/10/6 | 9 | Baltimore (| Cemeter | NERAL DIRECT | Baltin | none | Md. | |
| SA. DATE REC'D | BY HEALTH DEPT. | 258. NAM | E OF REGISTRAR | 25C. F | NERAL DIRECT | OR | AD | DRESS | |
| | 1119 | 69 17 6 | 6 2 Fre Dec | MA Joh | n A. Mon | an, In | c. 3000 8 | Balt | o. St. |
| 151-REV. 1/1/6E | В | 3400 | | 1 | 1 7 | | | | |

Election of the second of the second

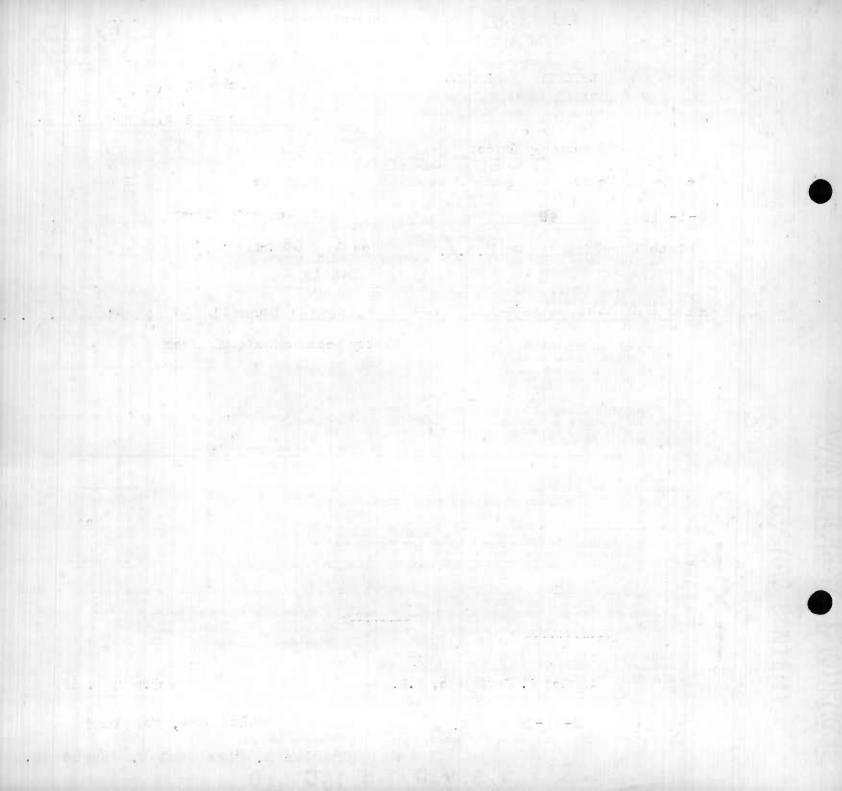


69 1560 BALTIMORE CITY HEALTH DEPARTMENT

| | | | MED | ICAL | EX | AMINER'S | CERTIFIC | ATE OF | DEAT | H | 0. | 9 1560 |
|---------------|------------------------------------|---|-----------------------------------|----------------------|------------------|--|------------------|--------------------|-----------------|---------------------------------|--------------|----------------------|
| BIR | TH NO. | | | | | | | | | REG. NO | | |
| 1. I (Typ | NAME OF DEC | | WILLI | AM I | HENI | RY LOGUE) | 2. DATE OF | Known 😾 | Month 2 | Doy 10 | Yeor 69 | н.8:38 9:07 а м |
| 4. | PLACE IN BALT | | | | | JNCED DEAD | DEATH 3. DATE | | Month | Doy | Yeor | Hour M. |
| FUL | L NAME OF SPITAL INSTITUTION | (IF NO | | LORINS | | N, GIVE STREET | PRONOUN | | Februar | y 10, 1 | 969 | 9:07 a M |
| OK | 00 | 111 | 0 N. Bo | ond S | t. | | A. STATE | aryland | | ed. If institution B. COUNTY | : residence | before odmission) |
| 6. | SEX | 7. RACE | | | | NEVER MARRIED | C. CITY OR TO | 9 | | D. INSIDE CI | TY LIMITS? | -00 |
| | ale | White | | WIDOV | | 2.4 | Balto | | | | s 🛛 | NO 🗆 |
| | OTE OF BIRTH | | lost birthdoy | yeors () | If Und Months | er I Yr, If Under 24 Hrs. s Doys Hours Min. | E. STREET AN | D NUMBER 10 N. Bo | and Ct | | | |
| 11 | OV. 9, 19 | 717 | | | 12 (1) | IZEN OF | 13. FATHER'S | | mu st. | | | |
| | Baltimo | | | nd | | HAT COUNTRY? | | nard J | . Logi | ıe . | | |
| 14A | USUAL OCCUI | PATION (GI | e kind of work | | OF BL | SINESS OR INDUSTR | | | | - | - | |
| | Bicycle | s Sh | gc | | | rietor | | aura V | . Woh | ra | | |
| 16. (Yes | WAS DECEASE | ED EVER IN | U.S. ARMED | FORCES of service | 5? | 7. SOCIAL SECURITY NO. | 18. INFORMA | NT | | Ai | PERESS | N. Bond. ST |
| | NO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - 1 | 10 6887 | Mrs M | argare | t I. I | | | |
| | 19. 9 | 5 | -X | | | CAUSE OF DEA | | | | | | PPROXIMATE INTERVAL |
| | DISEASI | E OR CONI | OITION DIREC | TIV | | | | | | | DETV | VEEN CHOSE AND DEATH |
| | | EADING TO | | | | / NAMEDIATE (| CALLEE | Gunshot | Wound | of the l | brain | |
| | (This does no | ot meon the | mode of dyl | ng, e.g., | | (A) IMMEDIATE O | AS A CONSEQUE | | would | or circ . | | |
| | injury or com | osthenio, etc plication whi | c. It meons the ich coused deo | th.) | | | | | | | | |
| | | | | | | | | (0) | | | | |
| | | ITECED ENT | CAUSES ONS, IF ANY | GIVING | | (8) | AS A CONSEQU | ENCE OF: | | | | |
| | RISE TO THE | ABOVE CA | USE (A) STAT | ING THE | | 552.10, 511 | AG A GGTTSEQU | LIVEL OI. | | | | |
| Z | UNDERLYIN | IG CONDII | ION LASI. | | | (c) | | | | | | |
| CERTIFICATION | | | 11 | | | | | | , | | | |
| S | | | NDITIONS CO | | | | | | | | | |
| 뜨 | | | GIVEN IN PA | | | | | | | | | |
| 8 | 20A. DATE OF | OPERATIO | N 20B. CON | IDITION | FOR W | HICH OPERATION W | AS PERFORMED | | | | 21. AUTC | PSY? (Yes or No) |
| | 0 | | | | | | | | | | | No |
| 1× | | NAL CAUSE | | | 22B. PL | ACE OF INJURY (e.g., | in or obout 22C | WHERE DID | (If in Boltimor | e City, give exo | ct location) | |
| EDIC | UNDERLYING | | | | HOT | form, foctory, street, offic | | 1110 N. | Rond C | + | | |
| Σ | | | Doy) (Yeor |) (Hou | | INJURY OCCURRED | | HOW DID IN | | | | |
| | OF INJURY (APPROX.) | | | 3:30 a | ' | | WHILE | 0-16 : | | 1 | | 1 |
| | 23. | 2 10 | 69 8 | 3:3U a | m. WC | ORK LAT W | WHILE NORK | Self ir | illicte | d gunsh | ot wou | ind |
| | | fy that I h | reld on Ir | ouiev [| | Inspection XX Au | tones. | ond that on t | this bosis | dooth In mu | | |
| - | | | | | | | | | | | | |
| | result | ed from: | toturol caus | ses 📋 | 1 Acc | ident Suicio | | | | ned manner L | | |
| | ACTUAL | J. | 1. 1. | 111 | lik | | | IEF MEDICAL | | | | DATE SIGNED |
| | SIGNATU | IRE X | 2000 | 1 4. | 11.2 | M.D | ASSISTA | ANT MEDICAL | EXAMINER | Lxx | | |
| | EXAMINE | | | | | | ASSOCI | ATE MEDICAL | EXAMINER | | 1 | |
| | NAME (T | | | F. W | | on, M.D. | | | | | 10/69 | |
| RE | A. BURIAL CREA MOVAL (Specif | | 248. DATE | | 24C. | NAME of CEMETERY | | | LOCATION | (City, Iown | , or county |) (State) |
| | Burial | | 2/13/ | 69 | | | emetery | | | nore Ma | | nd |
| 25/ | A. DATE REC'D | | DEPT. | 258. N | IAME C | F REGISTRAR | | NERAL DIRECT | | | DDRESS | |
| | | EEB | 1 19ns | (les | 2 0 | a Lan | He | nry Sa | nder 8 | Sons | Inc. | |

-diwithulf 89111 N38-151 SV

| 2 | TII NO | | WEL | ICAL | EXAMINER 5 | LEKTIF | CATEO | DEAT | H REG. NO | | 7001 |
|---------------|---------------------------------|--------------------------------|----------------|---------------|--|-------------|-----------------|----------------|--------------------|-------------|--|
| - | NAME OF DEC | FASED | | | | 2. DATE | Known A | Month | Doy | Year | Haur |
| (Ту | pe ar Print) | L | UVENIA | D | ONNELL | OF | Estimated | | | 1969 | |
| 4. | PLACE IN BAL | TIMORE, MA | RYLAND, V | VHERE PRO | NOUNCED DEAD | 3. DATE | Estimated L | Manth | Day | Year | M. Hour |
| FUI | L NAME OF | (IF NO | T IN HOSPITA | AL OR INSTITU | JTION, GIVE STREET | | UNCED DEAD | | | 1969 | 4:10 P. M |
| OR | SPITAL INSTITUTION | ADDRE | ESS OR LOCA | TION) | | 5. USUAL | RESIDENCE (Whe | | | | |
| 1 | 20 | 036 | Burgun | du Str | oot | A. STATE | Maryland | | B. COUNTY | 11 | 61 |
| 6 | SEX | 7. RACE | Durgun | | | C. CITY O | - | | D. INSIDE CIT | V LIMITS? | -01 |
| | Female | | *** | | NEVER MARRIED | | | | 1 1 1 1 1 1 | | |
| | ATE OF BIRTI | Neg | 10. AGE (II | WIDOWE | Under 1 Yr. If Under 24 Hrs. | E CIDECI | Baltimor | е | YE | s 🛚 | ио Ц |
| | | | lost birthda | y) M | onths Doys Hours Min. | L. SIRLEI | | 1 0. | | | |
| _ | -1- 19 BIRTHPLACE (S | tata an familia | 49 | | CITIZEN OF | 13. FATHER | 936 Burg | unay St | reet | | |
| 11. | | | | 12 | WHAT COUNTRY? | | | | | | |
| 1.44 | North | Carol | ina | 1 4B KIND C | J.S.A. | Vict | or Donne | 911 | | | |
| don | during most of w | varking life, ev | en if retired) | I 40. KIND C | F BUSINESS OR INDUSTRY | Bes | | AME | | | |
| 1. | MAC DECES | ED EVER 131 | II C ADMIT | CODORGO | II7 SOCIAL | | | | 16 | DDFCC | |
| (Ye | WAS DECEAS s, na or unknown) | (If yes, give | wor ar dates | of service) | 17. SOCIAL SECURITY NO. | 18. INFOR | MANI | | AD | DRESS F | Burlington |
| r | 10 | | F | | | Natha | iniel Do | nnell | 807 Fa | uceti | te St. N. |
| | 19. 5 7 | 1,81 | | | CAUSE OF DEA | | | | | BETW | PROXIMATE INTERVAL |
| | _ | E OR COND | _ | CTLY | F | atty m | etamorpho | sis of | liver | | |
| | | LEADING TO | | 1 | (A)IMMEDIATE C | | | | | | har dar man dan dar man dar dar men dar dar dar man man dan man dan 1880 dar 1881 dar 1881 sah sah s |
| | heort failure | ot meon the , asthenia, etc | . It means the | disease, | DUE TO, OR | AS A CONSE | QUENCE OF: | | | | |
| | injury or can | nplication whi | cn coused de | am.) | | | | | | | |
| | 1A | NTECEDENT | CAUSES | | (B) | | | | | | |
| | RISE TO THE | DR CONDITI E ABOVE CA | ONS, IF ANY | , GIVING | DUE TO, OR | AS A CONSI | QUENCE OF: | | | | |
| z | UNDERLYIN | G CONDIT | ION LAST. | | (C) | | | | | | |
| 5 | * | No. | П | | | | | | | | |
| \do | | ATH BUT NOT | | | | | | | | | |
| CERTIFICATION | DISEASE OR | CONDITION | GIVEN IN P. | ART 1 (A). | 100000000000000000000000000000000000000 | | | | | | |
| ER | 20 A. DATE OF | OPERATION | N 20B. CO | NDITION FO | OR WHICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | PSY? (Yes ar Na) |
| 0 | 2 | | | | | | | | | | Yes |
| \ O | 22A. EXTER UNDERLYING | NAL CAUSE | | 22 | B. PLACE OF INJURY (e.g., ime, farm, factory, street, offic | in or obout | 22C. WHERE DID | (If in Boltimo | re City, give exoc | t location) | |
| MEDI | UTING CA | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Σ | OF INJURY | (Manth) (I | Day) (Yeo | r) (Hour) | 22E.INJURY OCCURRED | | 22F. HOW DID II | VJURY OCC | JR? | | |
| | (APPROX.) | | | m | | WHILE VORK | | | | | |
| | 23. | | | | | | | | | | |
| | | ify that I h | | nquiry | Inspection Au | topsy X | | this bosis, | deoth In my | opinion | |
| | result | ted from: N | latural cou | ses X | Accident Suicio | de 📙 H | amlcide | Undetermi | ned monner | | |
| | | 1 | 1 (| | . / | | CHIEF MEDICAL | EXAMINER | | | DATE SIGNED |
| | SIGNATI | URE (| und | 17.0 | M.D | ASS | ISTANT MEDICAL | EXAMINER | LXI | | DAIL SIGHT |
| | EXAMIN NAME (1 | ER'S CI | harles | S. Spi | ringate, M.D. | | OCIATE MEDICAL | EXAMINER | □ Febr | uary | 6, 1969 |
| | A. BURIAL CRE | | 24B. DATE | | 24C. NAME of CEMETERY | or CREMAT | ORY 24D | LOCATION | (City, town, | ar caunty |) (State) |
| KE | Moval (Speci Buria) | | 2-11- | -69 | Mt. Auhumn | | E | altim | ore, Ma | rvla | nd |
| 25 | A. DATE REC'D | | | | ME OF REGISTRAR | 25C. | FUNERAL DIREC | | | DRESS | |
| | | mcD : | 1 1000 | ^ - | A 47 A | (Alb | arles A. | | | | arre St. |
| | | ELU T | T 1202 | TP 3. | f. S. stor Ver M. B. | 100 | allos A | MILCO | 001 | Te D | arro bue |
| VS | 151-REV. 1/1/6E | 3 | | 1 7 | 0 7 0 | | 63 | | | | |



| 00 | BALTIMORE CITY | HEALTH DEPARTMENT | 69 1562 |
|--|--|--|---|
| BIRTH NO. | 1562 CERTIFICA | TE OF DEATH REG. NO. | 00 1000 |
| I.NAME OF DECEASED | | 2. DATE AND HOUR OF DEA | TU. |
| Brooks, Bles | nor | | |
| 3. PLACE IN BALTIMORE, MARYLAND, W | HERE PRONOUNCED DEAD | 2-9-69 4. USUAL RESIDENCE (Where deceased lived, I | 5:50 a. |
| | | MASIAIE B. COUNIT | I institution: lesidence before admission |
| FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA | AL OR INSTITUTION, GIVE STREET | Maryland | 14-03 |
| INSTITUTION | | | NSIDE CITY LIMITS? |
| 29 Provident Ho | | Baltimore | YES X NO |
| 1514 Divisio | on Street | E. STREET AND NUMBER | |
| Baltimore, N | Maryland | 1931 Druid Hill Ave | nue |
| 5. SEX 6. RACE | 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (in years | |
| Female Negro | WIDOWED DIVORCED | 9-23-14 lost birthday | Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work | | 11. BIRTHPLACE (State of foreign country) | 12. CITIZEN OF WHAT COUNTE |
| date during most of working life, even it refired) | | to the state of th | 12. CHIZEN OF WHA! COUNT |
| Housewife | | Virginia | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| unk. | | unk. | |
| 15. Was Deceased Ever in U. S. Armed Forc | es? 16. SOCIAL | 17. INFORMANT | ADDRESS |
| (Tes, no of unknown) (It yes, give war of doles | of service) SECURITY NO. | Mr. Johnnia Brooks | 70 m - |
| no | | (E | lusband) same |
| 18. 4. 12 1 | CAUSE OF DEATH | | APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRE | ECTLY | 1 -1 | BETWEEN ONSET AND DEAT |
| LEADING TO DEATH | (A) MAN EDIATE CALL | SE Aproposiére foi CONSEQUENCEST: Failus Cardio | cast) |
| This does not mean the made of heart lailure, asthenia, etc. It means | dving. e.g. | CONSEQUENCE OF: | *************************************** |
| injury at camplication which caused | | Falles 1 | |
| ANTECEDENT CAUSES | 11. | L' viva alle Als | Itana |
| DISEASES OR CONDITIONS, il a | (B) // | Mexerce ware | aver- |
| rise to the above cause (A) | station the | A CONSEQUENCE OF: | |
| UNDERLYING CONDITION last. | (c) | | |
| | | | |
| OTHER SIGNIFICANT CONDITIONS CON | TRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART | E TERMINAL | | |
| 19A. DATE OF OPERATION 198. COND | ITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IP YES. WER | E FINDINGS CONSIDERED |
| OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 179A. DATE OF OPERATION 179R. COND WAS PERFO | DRMED | IN CERTIFYING | E FINDINGS CONSIDERED CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE OF | 21 B. PLA CE OF INJURY (e.g., In | or obout 21 C. WHERE DID (if to Rolling | nore City, give exact location) |
| DEATH (notify medical examiner) | home, farm, foctory, street, of | ice bldg., INJURY OCCUR? | tore City, give exact toconon) |
| O COLOR OF THE COL | La company to the com | | |
| 21 D. TIME (Month) (Doy) (Yeart OF INJURY | (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| (APPROX) | While At Work At Work | | |
| 22. I certify that (I) (this hospital) | | 2-7-69 | 2 0 00 |
| | 0 0 00 | 17 | 2-9-69 19 |
| that (1) (we) last saw the deceased | | 19ond that in(my) (our) a | pinion death occurred an the dat |
| and hour and from the couses state | d abave. (1) (We) (d1d) (d1d not) vi | ew the bady after death. | |
| 23A. SIGNATURE | | | 238, DATE SIGNED |
| | WATER ALL POST Phys. | ding Med. Staff Phys. | 2-11-69 |
| 23C. PHYSICIAN'S NAME (Type) | O DEORLE | | |
| NAME (Type) | | rovident mospit | al |
| G. TENG | | 514 Division Street - Bal | timore, Maryland |
| REMOVAL (Specify) 248. DATE | 24C. NAME of CEMETERY OF CRE | | City, town, or county) (State) |
| Burial 2-13-69 | Arbutus Mem. P | ark Arbutus, Ma | rvland |
| 25A. DATE REC'D SY HEALTH DEPT. 2 | 58 NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | ADDRESS, |
| हार्थ र र रिएए | OF C. IT & of the Own Male | | W. Barre St. |
| 1 | APPROVE AT APPROVE | | |
| S 150-REV, 1/1/68 | 4 | : 2 (3 | |

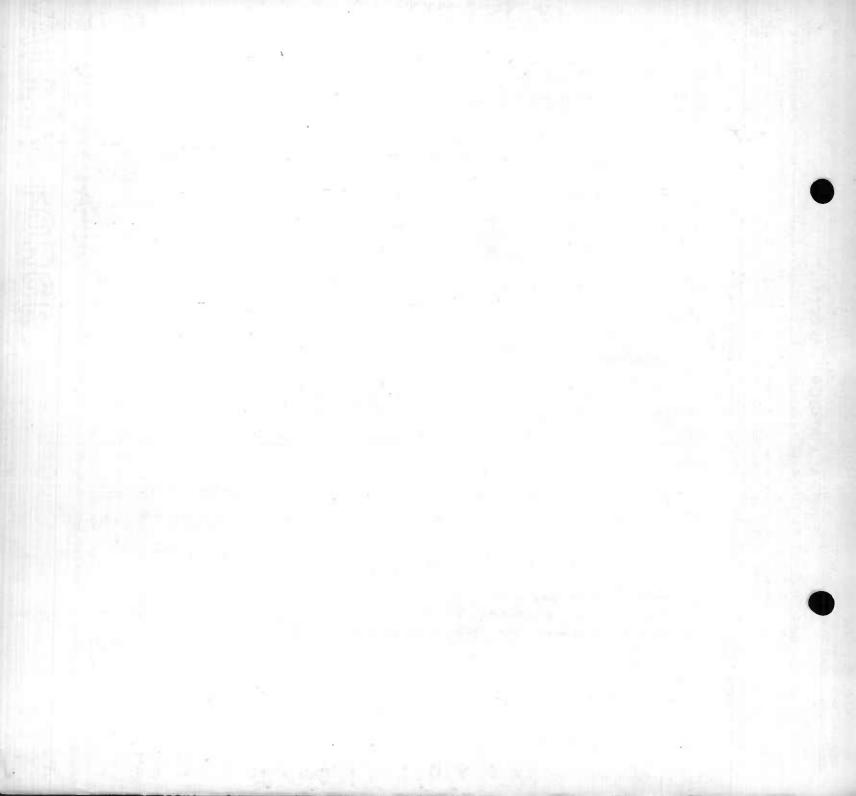


69 1563 BALTIMORE CITY HEALTH DEPARTMENT

| 1563 |
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| |

| | | WEDICA | LEXA | AMINER'S | LEKITE | CATE OF | DEATI | T DEG NO | | 17 | 1063 |
|----------------------------------|-------------------------|--------------------------------|-------------|--|----------------|----------------------|----------------|--------------|----------------|------------|----------|
| BIRTH NO. | | | | | | | | KEG. 140 | · | | |
| 1. NAME OF DE (Type or Print) | | | | | 2. DATE OF | Known 🔀 | Month | Doy | Yeor | Hour | |
| | HAN | | | | DEATH | Estimoted 🗍 | Februa | ary 8, | 1969 | | М. |
| | LTIMORE, MARYL | | | | 3. DATE | UNICED DEAD | Month | Doy | Year | Hour | |
| FULL NAME OF HOSPITAL | (IF NOT IN ADDRESS O | HOSPITAL OR IN OR LOCATION) | ISTITUTION, | GIVE STREET | PRONC | UNCED DEAD | Februa | arv 8. | 1969 | 11:1 | 7 A.M. |
| OR INSTITUTION | | , | | | | RESIDENCE (Where | | | | before odm | |
| | Provident | Hospita | 1 | (DOA) | A. STATE | Maryland | E | . COUNTY | 14 | -0: | 2 |
| 6. SEX | 7. RACE | | | NEVER MARRIED | C. CITY OF | | | D. INSIDE C | CITY LIMITS? | <u></u> | 2 |
| 34-1 | 37 | | | | | | | | | | |
| Male 9. DATE OF BIR | Negro | AGE (In years | OWED | DIVORCED L. | E CIRET | Baltimore AND NUMBER | | | YES X | ио 📙 | |
| Apr. 15 | lla. | t birthdoy) | Months | Doys Hours Min. | E. SIKEEI | AND NUMBER | | | | | |
| | | 62 | | | | 1902 Mc C | ulloh S | Street | | | |
| 11. BIRTHPLACE | (State or foreign co | ountry) | 12. CITI | ZEN OF AT COUNTRY? | 13. FATHER | 'S NAME | | | | | |
| dreins | week Co | -, Vai | ***** | AI COUNTRIA | le | ukun | NU | | | | |
| 4A.USUAL OCC | UPATION (Give kind | of work 14B. KII | ND OF BUS | INESS OR INDUSTR | 15. MOTH | R'S MAIDEN NAM | VE | 1 | | | |
| 1111/1 | Unaus | - Ciliedy | | | (0) | ree & | Las | es | | | |
| 6. WAS DECEA | SED EVER IN U.S. | ARMED FORCE | ES? 17 | SOCIAL | 18. INFOR | MANT | 20 | | ADDRESS | On | 7 |
| es, no or unknow | n) (If yes, give wor o | or dotes of servi | | 20-0-5-03/S | Vilha | in L- mas | dore | 257 5 | renes | 1 | |
| 19. | 24 | | 40 | CAUSE OF DEA | TH | 111000 | | 0967 | Al | PPROXIMATE | INTERVAL |
| 4-10 | 717 | | | | | 1. | | | BETW | VEEN ONSET | |
| DISEA | SE OR CONDITIO | | | Arterioscl | erotic | cardiovas | cular o | disease | 9 | | |
| (This does | not mean the mod | | | (A)IMMEDIATE | | | | | | | |
| heart foilur | e, osthenio, etc. It m | eons the diseose | 3, | DUE 10, OR | AS A CONSEC | QUENCE OF: | | | | | |
| INJURY OF CO | implication which co | usea aeom.) | | | | | | | | | |
| | NTECEDENT CAL | | | (B) | | | | | | | |
| DISEASES | OR CONDITIONS | F ANY, GIVIN | IG | DUE TO, OR | AS A CONSE | QUENCE OF: | | | | | |
| UNDERLY | ING CONDITION | LAST. | 11. | (c) | | | | | | | |
| <u> </u> | | - | | (C) | | | | | | | |
| | NIFICANT CONDIT | | | | | | | | | | |
| TO THE DE | ATH BUT NOT REL | ATED TO THE TER | MINAL | | | | | | | | |
| 20A. DATE C | | | • | ICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | PSY? (Yes | or No) |
| 5 | E. L. | | | | | | | | | | -, |
| ₹ 22A. FXTE | RNAL CAUSE WAS | | 1228 DI A | CE OF INITIDAL | in as chaul | 22C MINERE DID / | it to Bolis | City | | Yes | |
| / \ | G OR CONTRIB | | home, for | CE OF INJURY(e.g., rm, foctory, street, offic | e bldg., etc.) | NJURY OCCUR? | u in Boltimore | City, give e | xoci locotion) | | |
| | AUSE OF DEATH. | | , | | | | | | | | |
| OF INJURY | (Month) (Doy) | (Yeor) (H | | NJURY OCCURRED | | 22F. HOW DID INJ | JURY OCCU | R? | | | |
| (APPROX.) | | | m. WHIL | K NOT | VORK | | | | | | |
| 23. | | | | | | | | | | | |
| I cer | rtify that I held | on Inquiry | ☐ In | spection Au | topsy | ond that on th | nis bosis, d | deoth in my | y opinion | | |
| resu | ited from: Notu | rol causesXX | Acci | dent Suicid | de 🗌 H | omicide 🗌 🔝 | Undetermin | ed manner | | | |
| | an | 00 | () | t . A. | | CHIEF MEDICAL E | XAMINER | | | | |
| ACTUA | | X | 4 | net | ASS | ISTANT MEDICAL E | XAMINER | K | | DATE SIG | SNED |
| SIGNA | | ~ 30. | - | M.D | | | | _ | | | |
| NAME | | rles S. | Spring | gate, M.D. | A550 | OCIATE MEDICAL E | AAMIIVEK | ⊔ F∈ | bruary | 9, 1 | 969 |
| 24A. BURIAL CRE | EMATION, 24B. | DATE | 24C-N | AME of CEMETERY | or CREMAT | DRY 24D. I | LOCATION | (Çity/)tov | vn, or county |)\ (SI | ote) / |
| REMOVAL (Spe | eify) | -19/1 | 5 00 | 1+ (0.00 | 1. | Men M | 1 mlhor | 1/1/201 | Temos | 10 | 20 |
| Huru | all of | 12-6 | //// | u e cours | uces | wery 11 | Cogo! | (new | KING | 11/1 | CAX |
| 25A. DATE REC'I | BY HEALTH DEP | T. 25B. | NAME OF | REGISTRAR | 250) | FUNERAL DIRECTO | OR // | 111 | ADDRESS | nin' | 111 |
| 2 | FR 1 10 | 69 00 | . 5- 8 | For Deu MA | 1/2 | sign & | tuck | 22 | 2211, | May | ans |
| VS 151-REV. 1/1/6 | 5B | 1 9 | 6 | 900 | | E A 9 | | | | | |
| | | 1 | 1.0 | | | | | | | | |

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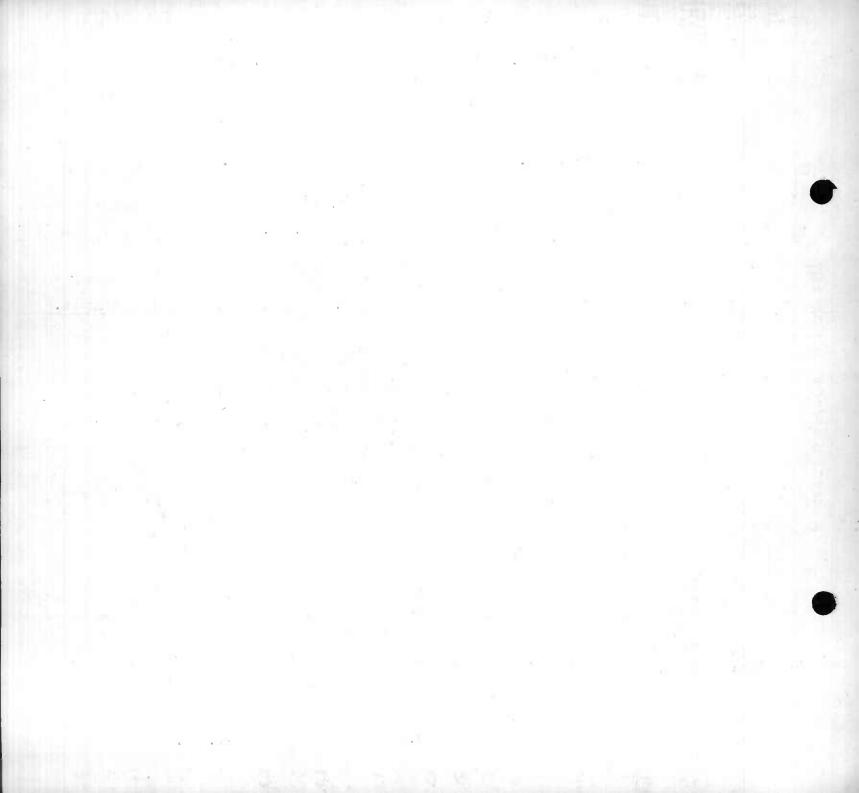


69 1.565 BALTIMORE CITY HEALTH DEPARTMENT

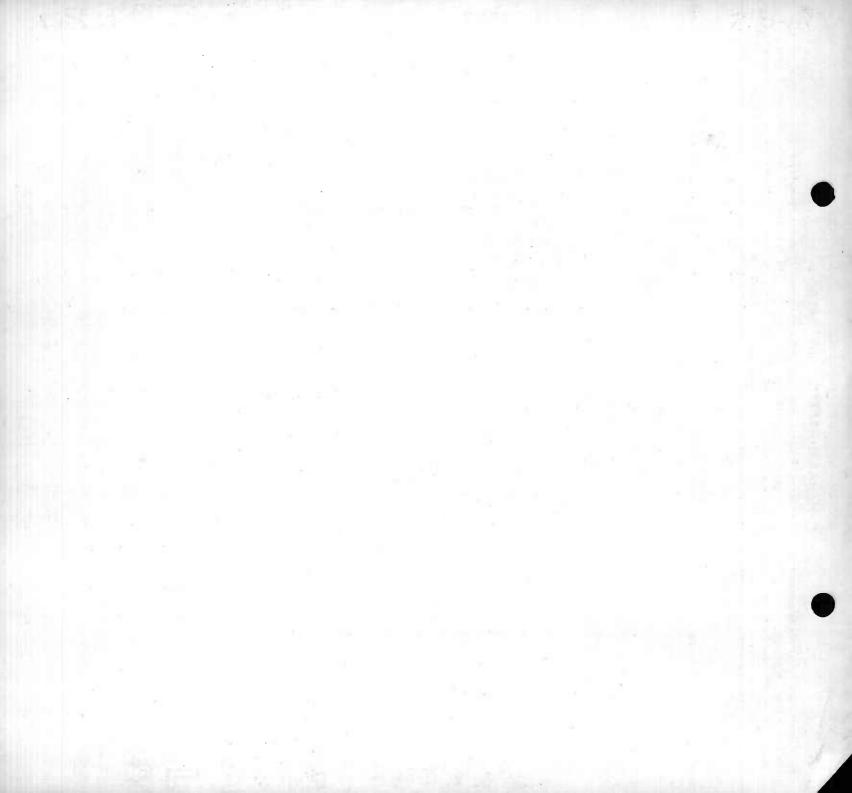
| RII | MED | DICAL EXAMINER'S | CERTIFIC | CATE OF | DEAT | H REG. NO | 0 1 | .030 |
|--------------|--|---|-------------------|-----------------|-----------------|------------------------------|--------------|---|
| | NAME OF DECEASED | | 2. DATE | Knawn xx | Month | Day | Year | Hour |
| (Ty | be or Print) | TTT DD | OF | Estimoted | 2 | 11 | 69 | |
| 4. | CHARLES MI PLACE IN BALTIMORE, MARYLAND, V | | 3. DATE | Estimotes 🖵 | Month | Doy | Yeor | 3:40 pm. |
| FU | L NAME OF (IF NOT IN HOSPITA | AL OR INSTITUTION, GIVE STREET | | INCED DEAD | | | | 2 |
| HC | SPITAL ADDRESS OR LOCA | ATION) | C DEDA D | CIDENICE AND | | uary 11, | 1969 | 3:40 рм. |
| 100.755 | West of the second seco | | A. STATE | SIDENCE (Where | e deceosed liv | ed. It Institution B. COUNTY | residence b | elore odmission) |
| | Church Home | & Hospital D.O.A. | | Maryland | | | 21. | -0 h |
| 6. | SEX 7. RACE | B. MARRIED NEVER MARRIED | C. CITY OR | TOWN | | D. INSIDE CI | TY LIMITS? | |
| N | Male White | WIDOWED DIVORCED | Ra | lto. | | VE | s D | 10 🗆 |
| | DATE OF BIRTH 10. AGE (I | n years If Under 1 Yr. If Under 24 Hrs. | | ND NUMBER | | 1.0 | 3 (2) | 10 🗀 |
| 4 | lost birthdo | | 1. | 101 *** | | | | |
| 1 | BIRTHPLACE (State or foreign country) | 12. CITIZEN OF | 13. FATHER | 131 Wicomi | ico St. | • | | |
| 1 4 | A Total of the light continy) | WHAT COUNTRY? | IS. PATHER | S IVAINE | + | . 1 | | |
| _ | Solto. Mil. | 21. J. A. | tothe | asle | Mel | las | | |
| | .USUAL OCCUPATION (Give kind of work aduring most of warking life, even if retired) | 14B. KIND OF BUSINESS OR INDUSTRY | 15. MOTHE | S MAIDEN NA | VE (| | | |
| L | Jairis mar. | Dia Valer Stone | lu | The (1) | lour | | | |
| 5. | WAS DECEASED EVER IN U.S. ARMED | FORCES? 17. SOCIAL | IB. INFORM | MANT | 1 | AI | DDRESS | (2/1 |
| е | (If yes, give wor or dotes | of service) SECURITY NO. | 9 0 | 1.7/9. | Mr. | 112/1/ | | 1 14 |
| - | 19. 7 | W/3-34-70, | 140 4 | uch one | 200-1 | 1131 1 | comic | PROXIMATE INTERVAL |
| | 746.8 | CAUSE OF DEA | III | | | | | EEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRE | CTLY | | | | | | |
| | LEADING TO DEATH | (A)IMMEDIATE C | AUSE COL | ngenital l | hvpop1 | sia of | corona | rv |
| | (This does not meon the mode of dy heart foilure, osthenio, etc. It meons the | ling, e.g., DUE TO, OR A | AS A CONSEQ | UENCE OF arte | rice a | od myoca | rdia1 | infarcts |
| | injury or complication which coused de | oth.) | | ar ce. | rres a | id myoca | Lulai | Intarces |
| | | | | | | | | |
| | ANTECEDENT CAUSES | (B) | AS A CONISE | | | | | ======================================= |
| | DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA | | AS A CONSEC | QUENCE OF: | | | | |
| 7 | UNDERLYING CONDITION LAST. | (c) | | | | | | |
| 0 | 11 | | | | | | | |
| ₹. | OTHER SIGNIFICANT CONDITIONS CO | | | | | | | |
| 문 | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. | | | | | | | |
| ERTIFICATION | | NDITION FOR WHICH OPERATION WA | AS PERFORM | FD | | | 21 AUTO | SY? (Yes or No) |
| CEI | 2 | TO WHICH OF ERAHON WA | -2 I EVI OKW | | | | ZI. AUIOI | 317 (10201110) |
| _ | | | | | | | | YES |
| S | 22A. EXTERNAL CAUSE WAS | 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office | in or obout 2 | C. WHERE DID | (II in Boltimor | e City, glve exo | ct locotion) | |
| 0 | UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | nome, total, toctory, siteer, office | s brug., etc.) II | JOKI OCCORP | | | | |
| MEDI | 22D. TIME (Month) (Doy) (Yeo | r) (Hour) 22E.INJURY OCCURRED | 2 | 2F. HOW DID IN | JURY OCCI | JR? | | |
| | OF INJURY | WHILE AT NOT | WHILE | | | | | |
| | (APPROX.) | | ORK | | | | | |
| | 23. | | | | NEW TIPE | | | |
| | I certify that I held on I | nquiry Inspection Au | topsy XX | ond that on the | his bosis, | deoth in my | opinion | |
| | resulted from: Natural cau | ses 🖾 Accident 🗌 Suicid | le Ho | micide 🗌 | Undetermi | ned monner | | |
| | | 7 10 11 | | HIEF MEDICAL E | | | | |
| | ACTUAL & | 11011 | ASSI | STANT MEDICAL E | | EX. | | DATE SIGNED |
| | SIGNATURE | | | | | | | |
| | EXAMINER'S | | ASSO | CIATE MEDICAL E | XAMINER | | 110/60 | |
| | NAME (Type) Edward | F. Wilson, M.D. | daru (a a | nv I- | LOCATION | | 12/69 | 40 |
| 2.4 | DUDIAL COEMATIONS | 0.40 \$14.12 1 0244 | | NA 134D | | | | 161-1-1 |
| | A. BURIAL CREMATION, 24B. DATE | 24C. NAME of CEMETERY | or CREMAIO | 240. | LOCATION | (City, town | , or county) | (Stote) |
| | A. BURIAL CREMATION, 24B. DATE | 1969 Polan The | or CREMATO | ten | SI | (City, town | , or county) | Da-D |
| | A. BURIAL CREMATION, 24B. DATE OVAL (Specify) 2/15/ | 1969 Blen House | n Cen | eting | St | Enhur | nie | mel. |
| | A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) 2/15/ | 1969 Blen Have 25B. NAME OF REGISTRAR | n Cen | UNERAL DIRECTO | St | Enhur | DDRESS' | mol. |
| | A. BURIAL CREMATION, 24B. DATE OVAL (Specify) 2/15/ | 1969 Blen Have 25B. NAME OF REGISTRAR | n Cen | eting | St | Enhur | nie | Wollin L |
| 25 | A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) 2/15/ | 1969 Blen Have 25B. NAME OF REGISTRAR | n Cen | eting | St | Enhur | nie | Wolling L |

The state of the s The state of the s An in the state of the state of

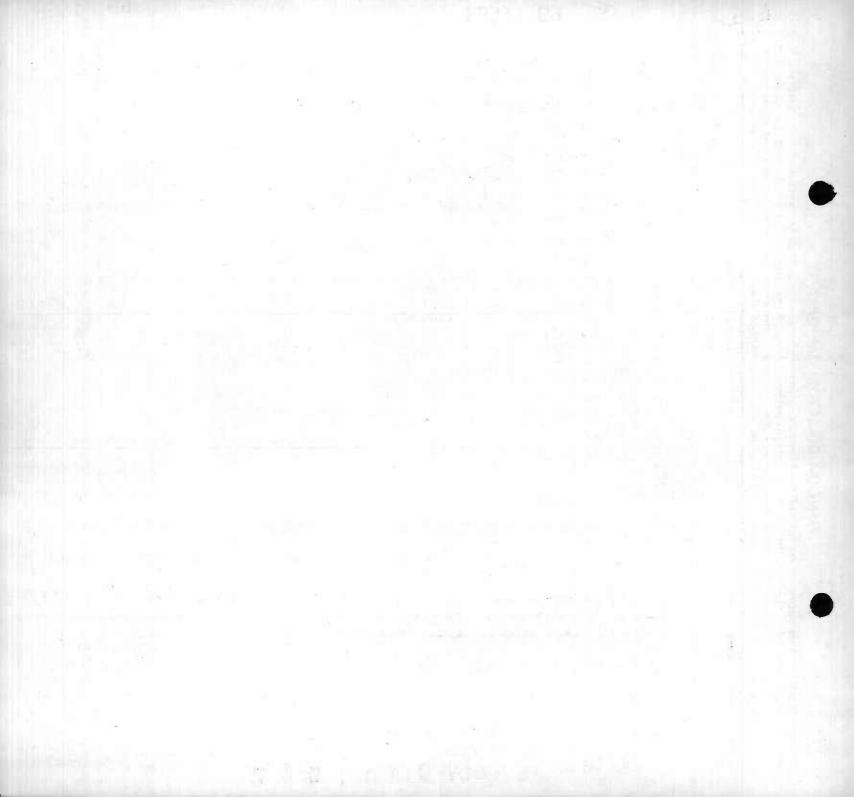
VS 150-REV. 1/1/6B



| 4 | BALTIMORE CITY HEALTH DEPARTMENT 37-00-3 | 108 |
|--------|--|---|
| | 69 1567 CERTIFICATE OF DEATH | 5757 |
| | RTH NO. 2. DATE AND HOUR OF DEATH | |
| | pe or Print) Ma Cubbin. His ray T. 2-11-69 | 1 (20)A |
| 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: | residence before odmission) |
| EII | Au d | 11-02 |
| HO | ILL NAME OF OF CONTROL OF INSTITUTION, GIVE STREET OF C. CITY OR TOWN D. INSIDE CITY | LIMITS? |
| - | YES D | NO 🗌 |
| 5 | E. STREET AND NUMBER | |
| | UNIUMOSETY POSETAL SOM WYELL ST | 2/230) |
| S. | lost birthday) Month | der 1 Yr. If Under 24 Hrs. s Doys Haurs Min. |
| | 4 C WIDOWED 1 -5-06 62 | |
| | ne during most of working life, even if retired) | TIZEN OF WHAT COUNTRY? |
| | Housewell at home Md | USA |
| 13. | FATHER'S NAME | |
| | mcallister may snyder. | |
| 1S. | Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. | ADDRESS (21429). |
| | NO - 220-14-2639 Charles J. Johnson - 4433 C | Clone Rd. |
| | 18. CAUSE OF DEATH | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY | DETWEEN ONSET AND DEATH |
| | LEADING TO DEATH (A) IMMEDIATE CAUSE PUR GONDARY ARIZES | |
| | (This daes nat mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, | |
| | injury or complication which caused death.) | 24460 |
| | DISEASES OR CONDITIONS, If any, giving (B) GRANGIA (FIS PAIRLEMANIA) DUE TO, OR AS A CONSEQUENCE OF: | 7(14/17 |
| | The same of the sa | >> |
| | UNDERLYING CONDITION last. (C) CHIROLIC CLARE DISTRICT | (|
| 2 | | |
| TIOI | TO THE DEATH BUT NOT RELATED TO THE TERMINAL SMALL SOURCE CO ANTRONS COSTULA | |
| CA | DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPPRATION 198. CONDITION FOR WHICH OPPRATION 20A, AUTOPSY? (Yes) or No! 20B. IF YES, WERE FINDING | S CONSIDERED |
| CERTIF | 12-1-69 WAS PERFORMED QUOCHERAL CICERE IN CERTIFYING CAUSES OF | F DEATH? |
| CE | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? | give exact location) |
| AL | DEATH (notify medical examiner) | |
| EDIC | OF INTITION | |
| 2 | OF INJURY (APPROX.) White At Not White At Work | |
| | 22. I certify that (1) (this haspital) attended the deceased from 1 27-69 19 ta 2-11 | -69 19 , |
| | that (1) (we) last saw the deceased alive an 2-10-69 19 and that in (my) (aur) apinian de | |
| | and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. | 2017 |
| | | ATE SIGNED |
| | Attending Med. Staff | 2-11-69 |
| | DEGREE INV. | |
| | 23C. PHYSICIAN'S NAME (Type) T F A JA ALD 23D. ADDRESS | |
| 24. | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown | , or county) (State) |
| / | REMOVAL (Specify) | met. |
| 25 | A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C/FUNERAL DIRECTOR | ADDRESS 901 I |
| | En What & Tamon Land | July Holling & |
| VS | 150-REV. 1/1/68 8 1968 122 35 8 1968 1/0 1/0 1/0 1/0 1/0 1/0 1/0 1/0 1/0 1/0 | W |
| | | |



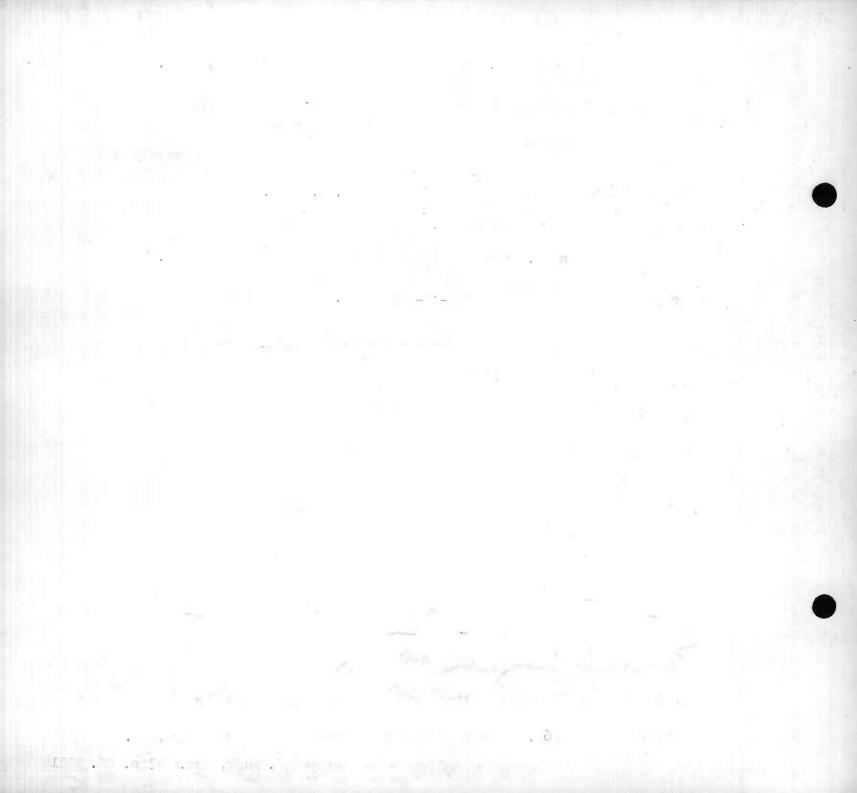
| 60 11 | 568 BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1568 |
|---|---------------------------------|------------------------------|------------------------------------|---|
| | CERTIFICA | TE OF DEATH | REG. NO | 2000 |
| BIRTH NO. 1. NAME OF DECEASED | | | | |
| (Type or Print) | 41 | 2. DATE AN | NO HOUR OF DEATH | H 125 |
| Geneva 3mi | Th | Fehru | ary 7, 1 | 969 12 - 10, M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | DNOUNCED DEAD | 4. USUAL RESIDENCE (Whe | re deceased Kved. If | institution: residence before admission) |
| FULL MANAGE OF ME WOT IN MOTOR OF IN | | 1/201/2 1 | | 6 15 |
| FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) | ISTITUTION, GIVE STREET | C.CIIY OR TOWN | In the | 0-03 |
| INSTITUTION | 1 | 2 11: | D. IN | ISIDE CITY LIMITS? |
| My. Convalescent N | Ursino Home | KJA/JIMOTE | | YES NO L |
| 3706 Nortonia Rd. | | E. STREET AND NUMBER | 1 | |
| 51061101401100 104, | • | 030 Silve | a Cour | + |
| 5. SEX 6. RACE 7. MARR | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min. |
| Lemole Negro Wipov | WED DIVORCED | June 8, 1885 | 8.2 | Total Total |
| IOA. USUAL OCCUPATION (Give kind of work 108, KINI | | H. BIRTHPLACE (State or fore | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) | | Maruland | , | |
| Domestic | | Maryland | | 4. S. A |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| Unknown | | unki | LOWN | |
| S. Wos Deceosed Ever in U. S. Armed Forces? | 11 (00 01 11 | | 70007 | |
| Yes, no or unknown) (If yes, give wat or dotes of servi | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | 2 | ADDRESS |
| NO NO | 817-12-0567 | a Elizabeth | MECray | 905 Rutland Ave |
| 18. 77 (3 0 1/1 | CAUSE OF DEATH | | / | APPROXIMATE INTERVAL |
| DISEASE OF CONDITION DIRECTLY | | | | BETWEEN ONSET AND DEATH |
| LEADING TO DEATH | | SE Uremia | | 116. |
| (This daes not mean the made of dying, | (A) IMMEDIATE CAU | | | anconown |
| heart failure, asthenia, etc. It means the dise | | A CONSEQUENCE OF: | | |
| injury ar camplication which caused death.) | | | | |
| ANTECEDENT CAUSES | (0) | | | |
| DISEASES OR CONDITIONS, if any, gir | ving DUE TO, OR AS | A CONSEQUENCE OF: | | |
| rise la lhe abave cause (A) stating | The | | | |
| UNDERLYING CONDITION last. | (C) | | | |
| | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | | | | |
| TO THE DEATH BUT NOT RELATED TO THE TERMIN VIDISEASE OR CONDITION GIVEN IN PART I (A). | NAL | | | |
| | OR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 20B. IF YES, WERE | E FINDINGS CONSIDERED AUSES OF DEATH? |
| 2 19.A. ACCIDENT WAS UNDERLYING | | NO | IN CERTIFYING C | AUSES OF DEATH? |
| U 21 A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in | at about 21 C. WHERE DID | If in Raltim | are City, give exact location) |
| OR CONTRIBUTING CAUSE OF | home, form, foctory, street, of | | (11 111 5 311111 | ore City, give exact facultary |
| U | e:c./ | | | |
| 21D.TIME (Manth) (Day) (Year) (Hour) | 21E INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| ≤ (A PPROX.) | While At Nat While | | | |
| | Work At Wark | 4 | | - / / |
| 22. I certify that (I) (this hospital) attended | ed the deceased fram | reb 5 | 1969 to F | eb / 1969 |
| that (1) (we) last saw the deceased olive | on teble | 1969 and th | ot in (my) (aux) ar | pfnian death accurred on the dote |
| | -, , | | ,,, (,, ., | primari dediti decorred on the gote |
| and haur and fram the causes stated above | e. (I) (Me) (elid) (did not) v | iew the bady after death. | | |
| 23A. SIGNATURE | 7-1- | | | 23 B. DATE SIGNED |
| Merchan By He | Phin | nding Med. | Staff Phys. | tep 8 1969 |
| 23 C. PHYSICIAN'S | DEGREE | 3D. ADDRESS | | 0, 101 |
| NAME (Type) B HARRA | 7- MAX | 7501 Liber | 4. RI | BILL - MI |
| HORMAN IZIONIVO | DEGREE | 134/4/20 | ry la | sultimore, a |
| 24A. BURIAL CREMATION, 24B. DATE | C. NAME OF CEMETERY OF CRE | MATORY 24D. L | OCATION I | City, town, ar, caunty) (State) |
| BURIAL 2-11-69 | A O Ditter Lie Like | M Paply DJ | OSETH NA | 1011/103/11 |
| DEA DATE BECOD BY HEALTH DEPT | THOUJUD INE | MINAKK | BANTIN | TOKE MA |
| | WE OF REGISTRAR | 25C. FUNERAL DIRECTOR | 16HT 1639 | N. RRADOWAY |
| 1 1969 R. O. | IT. E. GEOLEGE C | 1 - WETT MA | 1001 | MONONWACT |
| THE RESIDENCE | And I wanted the I | | | |



IMPORTANT

FUNERAL DIRECTOR:

| NAME OF DEC | EASED CHARLE | s s. | MOORE | | ary 8, 1969 | and the second s |
|--|--|---|--|--|--|--|
| 3. PLACE IN BAL | TIMORE, MARYLAND, W | HERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (WHA. STATE B. COU | ere deceased lived. If i | institution: residence before admissio |
| FULL NAME OF | (IF NOT IN HOSPITA | AL OR INSTIT | UTION, GIVE STREET | Md. | 125 | 27-3/ |
| NSTITUTION | | | | Baltimore | 0.111 | YES X NO |
| 00 | 3306 Beverly | Road | 4000 | E. STREET AND NUMBER | 3306 Bev | verly Road |
| . sex Male | 6. RACE White | 7. MARRIED | NEVER MARRIED DIVORCED | B. DATE OF BIRTH Nov. 1, 1892. | 9. AGE (In years lost birthdoy) 76 | If Under 1 Yr. If Under 24 Hr Months Doys Hours Min. |
| | working life, even if retired) | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for Ohio | reign country) | 12. CITIZEN OF WHAT COUNTE |
| 3. FATHER'S NA! | Edmu n d F | . Moore | Э | 14. MOTHER'S MAIDEN NA | | . Young |
| 5. Was Deceased | Ever in U. S. Armed Ford | es? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| res, no or unknown | (If yes, give wor or date | s of service) | SECTION NO | Mrs. Camille | Moore | (Same) |
| 18. // / / | | | CAUSE OF DEATH | | | APPROXIMATE INTERVAL |
| heart failure, injury ar cam DISEASES Crise In the | LEADING TO DEATH not meon the mode of asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost. | the disease, death.) | (B) | | V Viscon | Menon |
| DISEASES Conise to the UNDERLYING | at meon the made of asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) CONDITION last. | the disease, death.) any, giving stoting the | (A) MMEDIATE CAU DUE TO, OR AS A | A CONSEQUENCE OF: | Volken | e William |
| DISEASES OF TO THE DEAT OF THE | nat meen the made of asthenia, etc. It means apticotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION last. | the disease, death.) any, giving stoting the NTRIBUTING HE TERMINAL 1 (A). DITION FOR | (A) MMÉDIATE CAU DUE TO, OR AS A (B) | A CONSEQUENCE OF: | | FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES CONTRIBLE OR CONTRIBLE OR CONTRIBLE | at meon the made of asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) CONDITION last. II CANT CONDITIONS COINTENT OF THE CONDITION GIVEN IN PARCOPERATION 198. CON | the disease, death.) any, giving stoting the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR ORMED | (A) MMEDIATE CAU DUE TO, OR AS A (B) | A CONSEQUENCE OF: A CONSEQUENCE OF: | No) 20B. IF YES, WERE IN CERTIFYING CA | |
| DISEASES OF THE PROPERTY OF TH | ashenia, etc. It means application which coused antecedent caused antecedent caused antecedent cause (A) above couse (A) above | the disease, death.) any, giving stoting the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR ORMED | (A) MMEDIATE CAU DUE TO, OR AS A (B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of a linguistic content of the content of | 20A. AUTOPSY? (Yes or hold bldg., INJURY OCCUR? | No) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES OF THE PROPERTY OF TH | at meon the made of asthenia, etc. It means apticolian which coused antecedent CAUSES OR CONDITIONS, if a abave couse (A) and conditions could be considered to the country of the countr | the disease, death.) any, giving stoting the stoting | (A) MMEDIATE CAU DUE TO, OR AS A (B) DUE TO, OR AS A (C) WHICH OPERATION S. PLACE OF INJURY (e.g., ir ne, form, foctory, street, of the deceased from the | 20A. AUTOPSY? (Yes or horse bldg., INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 21F. How death | (If In Boltimo | FINDINGS CONSIDERED AUSES OF DEATH? |
| NOTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 21. 1 certify that (1) (| at meon the made of asthenia, etc. It means application which coused antecedent CAUSES OR CONDITIONS, if a above couse (A) and conditions could be considered to the couse of the country | the disease, death.) any, giving stoting the stoting | (A) IMMEDIATE CAU DUE TO, OR AS A (B) | 20A. AUTOPSY? (Yes or horizontal processing to the bady after death and ing the bady after death | 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 21 8 1959. binion death occurred an the do |



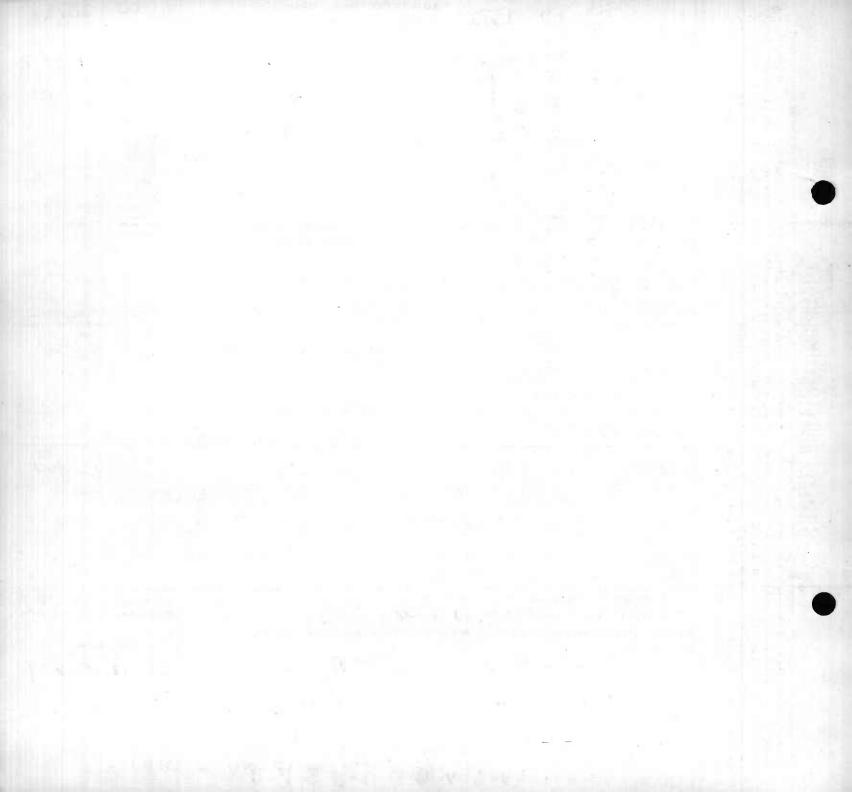
IMPORTANT

FUNERAL DIRECTOR:

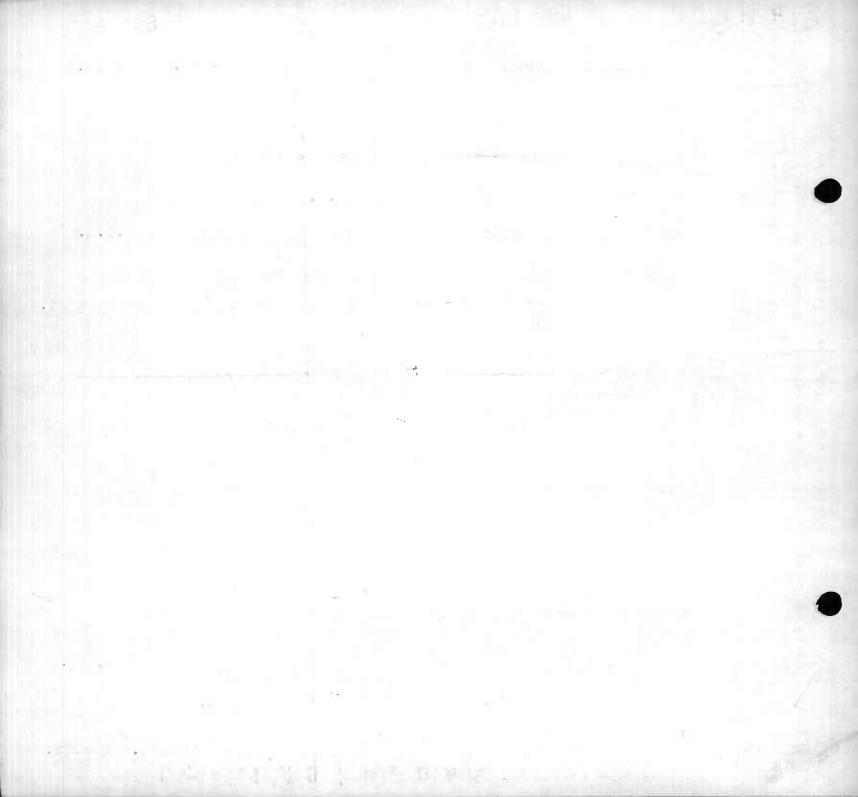
BALTIMORE CITY HEALTH DEPARTMENT

William Control

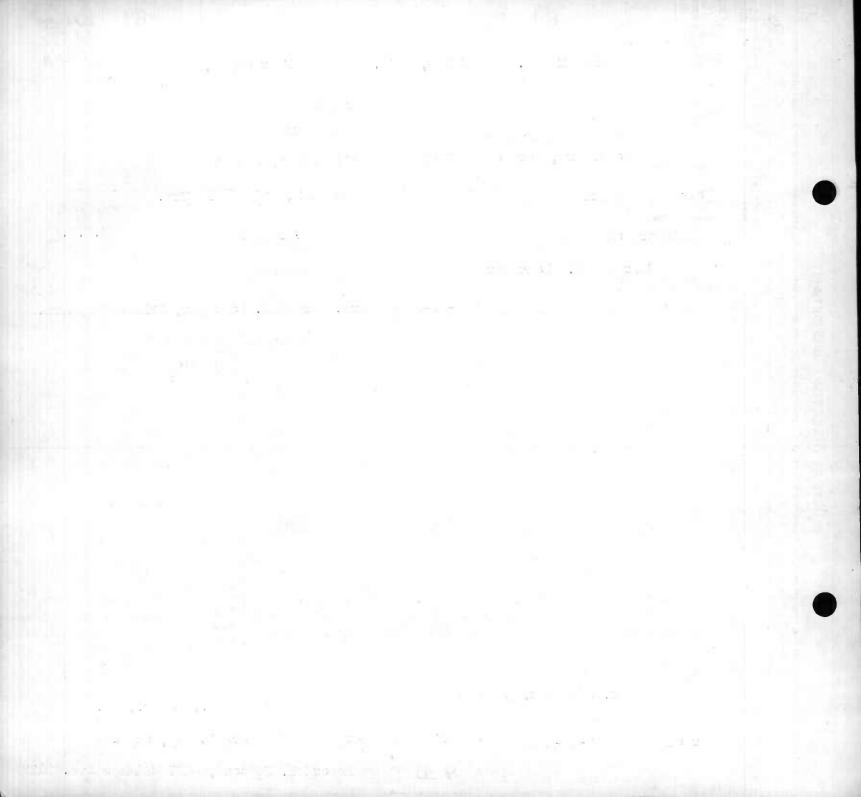
VS 150-REV, 1/1/68



| | E. CASE NO. | | | CERTIFICA | ATE OF DEAT | | 69 1572 |
|----------------------|---|--|--|---|---|--|--|
| | Pe or Print) | | | | | E AND HOUR OF DEAT | |
| 3. P | | William Co | onnor | | 14. USUAL RESIDENCE | Where deceased lived. If | 1969 10.50 A |
| | | ATT IN PARTITIONS MIS | , KI GALLE | | A. STATE B. C | COUNTY | - 22 |
| | FULL NAME O | OF (If not in hospital oddress or locatio | | give street | Maryla | | 1-33 |
| | NSTITUTION | oddless of locono | 1111 | | | (If outside city limits, write | e RURAL and give township? |
| 6 | 4 | | | | Baltime D. STREET ADDRESS | ore (If rurol, give location) | |
| 6 | 1017 N | orth Roseda | 1 a C4. | and. | | th Milton A | TO 1011 O |
| 5. S | | 1 | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | 11611 1 2 2 1611 1 0 |
| M | ale | American | Mari | n, DIVORCED (specify) | Jan.8.189 | 5 73 | Months Doys Hours A |
| | | UPATION (Give kind of wor working life, even if retired) | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote o | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 0011 | None | working me, even it remee, | Reti | hod | Annonolia | Monuland | U.S.A. |
| 13. | FATHER'S NA | ME | WELT | red | Annapolis | I NAME | 0 0.13 0.15 0 |
| | | | | | | | |
| 15 1 | Was Personal | KOWN Ever in U. S. Armed Fo | reas? | 1 6. SOCIAL | Unkos | wm | ADDRESS |
| (Yes | s, no or unknow | (If yes, give won or dote | es of service) | SECURITY NO. | | | |
| | No | ESTATE OF THE STATE OF THE STAT | | | | Bentley 101 | 3 Rosedale St. |
| | 18. 24 1 | 2,21 | The same | CAUSE C | OF DEATH | 1 0 | ONSET AND DEAT |
| | DISEA | SE OR CONDITION DI | | | 12 6201 | blownotes | · Amuel de |
| | (This door | LEADING TO DEATH nal mean line mode of | | (A) DUE TO | ewial, | Hemilarde | Herra da |
| | hearl failure, | aslhenia, elc. It means | s the disease | | , | 2 1 | , , |
| | injury at car | | | | | | |
| | | mplication which caused | | in Hus | the lengua | -ardio Vascus | les Unters |
| | | ANTECEDENT CAUSES | | (B) HU | histensin | ardio Varen | les Unter |
| | DISEASES | ANTECEDENT CAUSES OR CONDITIONS, if | S any, giving | DUE TO | herlenning Collection | ardio Varas | la Unkno |
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| | DISEASES (| ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) | S any, giving | DUE TO | pertenni Cellulates L | ardio Vares | les Unkno |
| NO | DISEASES (ise la lh UNDERLYIN | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. | S any, giving stating the | DUE TO | histenning Cellulates L | ardis Vares | la Unkno |
| ATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE C DISEASE OR | ANTECEDENT CAUSES OR CONDITIONS, if ie abave cause (A) G CONDITION last. II IIIICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING | S any, giving stating the Stating the CONTRIBUTINATED TO THE STATE TO THE STATE OF | CC) | pertennia Cellulate J | eft Jeg | la Unkno |
| ATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE C DISEASE OR | ANTECEDENT CAUSES OR CONDITIONS, if ie abave cause (A) G CONDITION last. II IIIICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. CON | S any, giving stating the Stating the CONTRIBUTINATED TO THE STATE TO THE STATE OF | DUE TO | Pelleleter J. | or No. 208. IF YES, WER | E FINDINGS CONSIDERED LAUSES OF DEATH? |
| ERTIFICATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II DIFFICANT CONDITIONS (CONDITION CAUSING F OPERATION 198, CONWAS PER | any, giving stating the CONTRIBUTIN ATED TO THE STATE OF | IG HE WHICH OPERATION | | IN CERTIFYING C | CAUSES OF DEATH? |
| CERTIFICATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIB | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II HIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CON WAS PER | S any, giving staling the staling the CONTRIBUTION ATED TO THE STATE OF THE STATE O | C) (C) (G) (G) (G) (G) (G) (HE WHICH OPERATION (B. PLACE OF INJURY (e.g., me, form, foctory, street, company) | | IN CERTIFYING C | E FINDINGS CONSIDERED CAUSES OF DEATH? |
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| DICAL CERTIFICATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. A CCIDE OR CONTRIB DEATH (notify) | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II HIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CON WAS PER | any, giving stating the stating the CONTRIBUTIN ATED TO THE STATE OF T | C) (C) (G) (G) (G) (G) (G) (HE WHICH OPERATION (B. PLACE OF INJURY (e.g., me, form, foctory, street, company) | in or obout 21C. WHERE D | IN CERTIFYING C | CAUSES OF DEATH? |
| CAL CERTIFICATIO | DISEASES rise la Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. A CCIDE OR CONTRIB DEATH (notify | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | CONTRIBUTION ATED TO TIT. NOTITION FOR REFORMED 21 ho etc (Hour) 21 W | B. PLACE OF INJURY (e.g., me, form, foctory, street, c.,) | in or obout 21C. WHERE Doffice bldgs. INJURY OCCL | IN CERTIFYING C | CAUSES OF DEATH? |
| MEDICAL CERTIFICATIO | DISEASES rise la Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. A CCIDE OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.) | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II HIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines) | CONTRIBUTION ATED TO T IT. NOITION FOR REFORMED 21 ho etc (Hour) 21 W W | B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At | in or obout 21C. WHERE Doffice bldgs. INJURY OCCL | IN CERTIFYING CODID OID (If in Beltim D INJURY OCCUR? | CAUSES OF DEATH? |
| MEDICAL CERTIFICATIO | DISEASES rise la Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II DIFFICANT CONDITIONS CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines) (Month) (Doy) (Year) | CONTRIBUTINATED TO TIT. NOTION FOR REFORMED (Hour) 21 WW. | B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At | in or obout 21C. WHERE Doffice bldg., INJURY OCCU | IN CERTIFYING CODID (If in Boltim | causes Of DEATH? ore City, give exoct locofion) |
| MEDICAL CERTIFICATIO | DISEASES (rise la lh UN DERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we | ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II DIFFICANT CONDITIONS (A) DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CON WAS PER UTING CAUSE OF The medical exominer) (Month) (Doy) (Year) That the first cause of the condition of the condi | CONTRIBUTINATED TO TI. NOTION FOR REORMED 21 how www. (Hour) 21 www. wol) ottended ed olive on. | WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Work the deceased from | in or obout 21C. WHERE Doffice bldgs, INJURY OCCL | DID (If in Beltim | causes Of DEATH? ore City, give exoct locofion) |
| MEDICAL CERTIFICATIO | DISEASES (rise la III UN DERLYIN OTHER SIGN TO THE CONSEASE OR 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we ond hour offi | ANTECEDENT CAUSES OR CONDITIONS, if ie abave cause (A) G CONDITION last. II IIIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING F OPERATION 198. CONDITIONS (WAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examinet) (Month) (Doy) (Year) (that (1) (this hospita)) lost sow the decease (if from the couses stated | CONTRIBUTINATED TO TI. NOTION FOR REORMED 21 how www. (Hour) 21 www. wol) ottended ed olive on. | B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At | in or obout 21C. WHERE Doffice bldgs, INJURY OCCL | DID (If in Beltim | Pinion death occurred on the |
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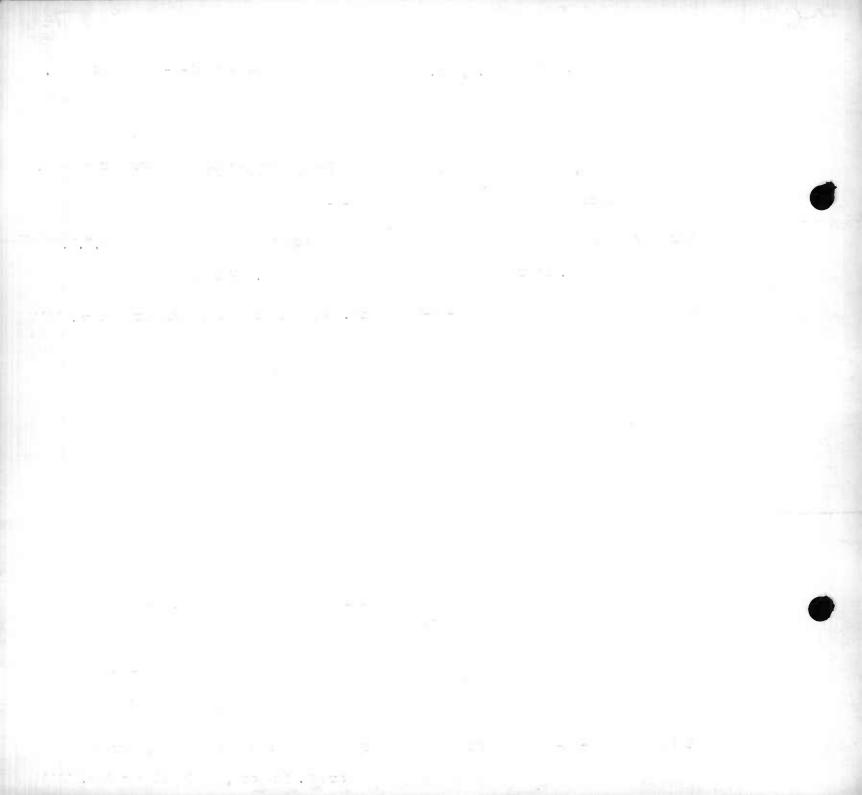


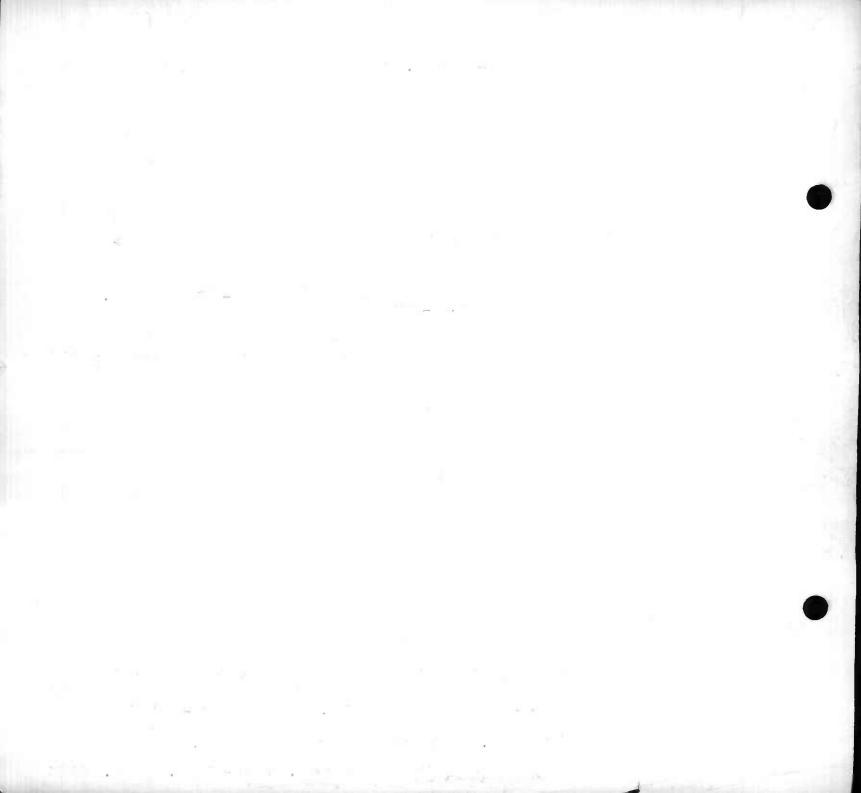
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| 3. | PLACE IN BAL | TIMORE MARYLAND, | WHERE PRONC | UNCED DEAD | 4. USUAL RESIDENCE | Where deceased lived, if inst | itution: residence before |
| HC | ILL NAME OF OSPITAL OR STITUTION | (IF NOT IN HOSPI ADDRESS OR LOC | ITAL OR INSTIT | TUTION, GIVE STREET | Maryland c. City or Town | D. INSID | 25-3 |
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| . 3. | IMILITY 3 NA | *** | | | 14. MOTHER'S MAIDEN | NAME | |
| | Ge | orge W. S | antmyer | | Unkno | wn | |
| IS. | Was Deceased s, no or unknown | Ever in U. S. Armed Fo | orces? | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
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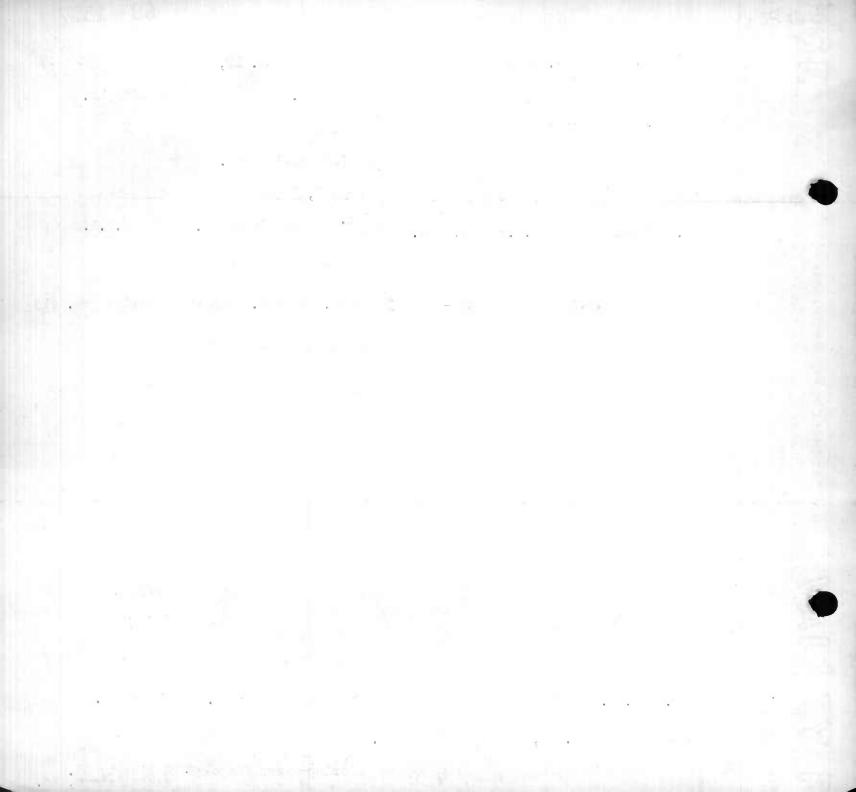
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| - | P d p d t | BIRTH NO. 69.00 5 /5 CERTIFICATE OF DEATH REG. NO |
| | death death eased n the Such | I. NAME OF DECEASED |
| | oce | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoased lived, If institutions residence before admission) |
| | Spi () () () () | A. STATE B. COUNTY |
| | house ; (5) | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (C. CITY OF TOWN. |
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| | frib min gul | 5. SEX Caro God G |
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| | eleased to scident of a hospital (c to death); al must be a | 23A. SIGNATURE (Kungall W Chesnou MD) Attending Med. Staff 1 9 Fol 19/0 |
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| 4 | certificate body was r vs: (1) An ac D.O.A. at c ased prior ten approv | |
| | L'in O o | 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote) |
| | This cer the bod shows: was D.C decease | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS |
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| | | VS 150-REV. 1/1/68 |





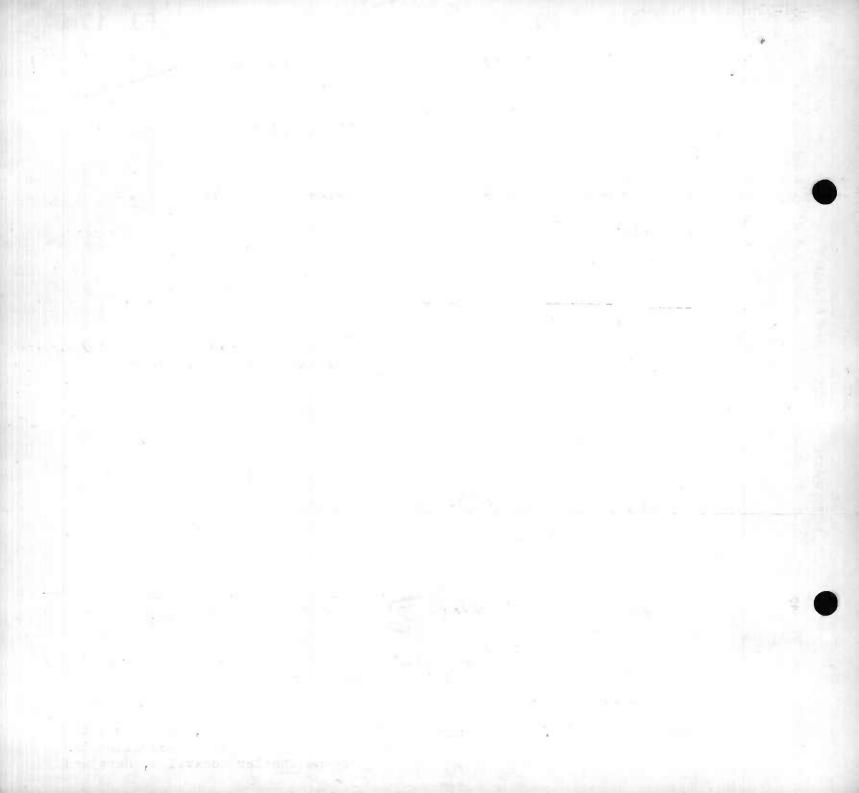
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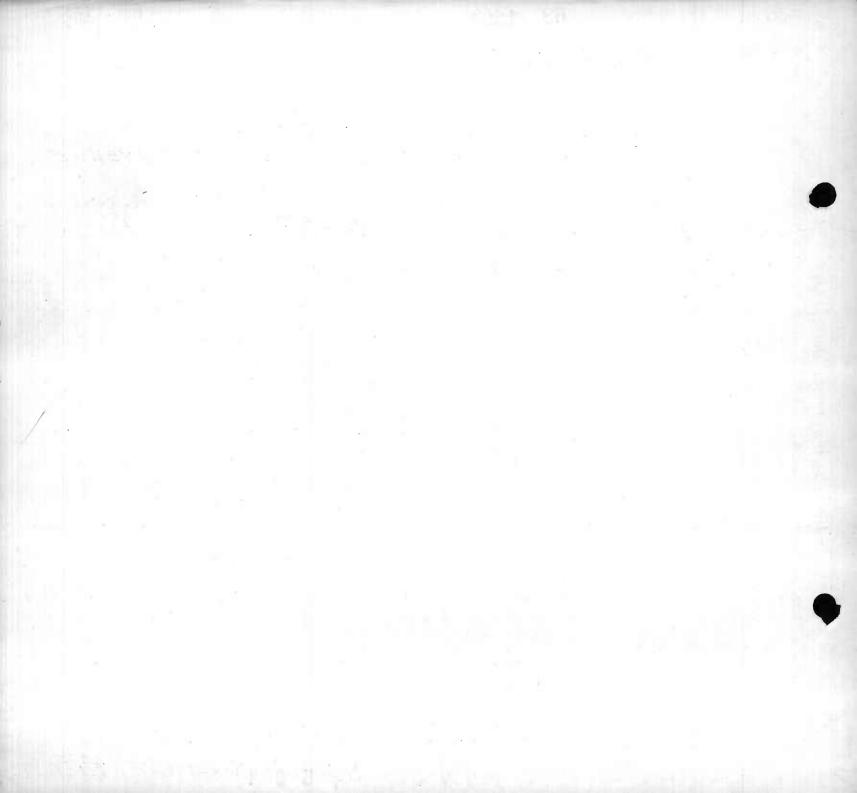
| 1 | | 69 1579 | BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1579 |
|--|--|---|---|---|--|---|
| orior to death. Such | RTH NO. | 00 1070 | CERTIFICA | TE OF DEATH | REG. NO | 00 10/3 |
| (T) | Pe or Print) | essie Sanda | | | 2- 7-197 | 9- 1969 64° PM. |
| CI | PLACE IN BALTIMORE, MAI ARATE OF CIE AND STITUTION | TESPITAMEN S OR LOCATION | DED | A. USUAL RESIDENCE (W. A. STATE B. COL Md. C. CITY OR TOWN Paltimore E. STREET AND NUMBER | here deceased lived. If i JNTY , , | SIDE CITY LIMITS? |
| | | | | 5624 Plymo | outh Road 21 | 27/1 |
| | Female 6. RACE | au. WIDOWED X | NEVER MARRIED DIVORCED | B. DATE OF BIRTH 11-17-1892 | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. |
| do | ne during most of working life, ev. Housewife | | siness or industry | Baltimore, | Md. | 12. CITIZEN OF WHAT COUNTRY? |
| 13. | FATHER'S NAME | Anton Pasek | | 14. MOTHER'S MAIDEN N | | |
| 1 S. (Ye | Wos Deceased Ever in U. S. s,no or unknown) (If yes, give No | Armed Forces? wor or dotes of service) | SOCIAL SECURITY NO. | Joseph J | | ADDRESS |
| | (This does not meon the heart foilure, osthernio, etc injury or complication when ANTECEDEN DISEASES OR CONDITIONS to the control of the con | the meons the diseose, ich coused deoth.) T CAUSES ONS, if ony, giving ouse (A) stating the | (B) An Rus of | SE Grebia Vascul A CONSEQUENCE OF: LITARIC GUENZA VO A CONSEQUENCE OF: MAIRON | isaila Diseas | se Ayean. |
| ICATION | | VEN IN PART 1 (A). | | 20A. AUTOPSY? (Yes or | | FINDINGS CONSIDERED AUSES OF DEATH? |
| L CERTIFIC | OR CONTRIBUTING CAL | WAS PERFORMED DERLYING 21 B. PL/ home, | ACE OF INJURY (e.g., i form, foctory, street, of | n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? | | re City, give exoct location) |
| MEDICAL | | | JURY OCCURRED At Work | 21F. HOW DID II | NJURY OCCUR? | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this bospital) attended the deceased from May At 1965 to That (I) (we) last sow the deceased alive on January 304 1969 and that in (my) (our) apinion death occurre and hour and from the courses stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE Attending Med. Staff | | | | | | inion death occurred on the date |
| | 23C. PHYSICIAN'S NAME (Type) Jose Ma A. BURIAL CREMATION, REMOVAL (Specify) Burial | artinez, M.D. B. DATE 24C.NAMI | OEGREE Phys | Suite 410-411 MATORY 24D. | | Bldg. Batimore, Mc City, town, or county) (Stote) Md ADDRESS |
| | 150-REV. 1/1/6B | 1303 Ulbert | E Scheum | 25C. FUNERAL DIRECTO | D R | ADDRESS 4 236 |

| 69 15 | 00 | Y HEALTH DEPARTMENT | X | 69 1580 |
|--|---|--------------------------------|-----------------------------------|---|
| BIRTH NO. | CERTIFICA | TE OF DEATH | REG. NO | 00 1000 |
| 1. NAME OF DECEASED (Type or Print) GAREE, GERTRUDE | Н. | | AND HOUR OF DEATH | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON | OUNCED DEAD | 4. USUAL RESIDENCE (W | here deceased lived If | institution: residence belgge admission |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) | MARYLAND c. City or TOWN | 21043 | foward co. 6300 SIDE CITY LIMITS? | |
| CATTON & WILKENS AVENUE | ES | E. STREET AND NUMBER TAYLOR MA | | YES NO |
| 5. SEX 6. RACE 7. MARRIED | NEVER MARRIED XX | 8, DATE OF BIRTH | 9. AGE (In years | |
| FEMALE WHITE WIDOWE | DIVORCED | 12-09-94 | lost birthadyl | Months Doys Hours Min. |
| OA. USUAL OCCUPATION (Give kind af work 108, KIND Cane during mast of working life, even if retired) | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | preign country) | 12. CITIZEN OF WHAT COUNTRY |
| one during must be working the, even it telled! | | WEST VIRGI | | U. S. A. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | 0. J. A. |
| Isaac A. Garee | | | | |
| 5. Was Deconsed Fuer in II S A I E 2 | 1 6. SOCIAL | Unknown | | |
| No No of unknown! (If yes, give wor or doles of service) | SECURITY NO. 262 80 1012 | Hospital reco | rds | ADDRESS |
| 18.533.9 | CAUSE OF DEAT | н | | APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | 0 0 | SETWEEN ONSET AND DEATH | |
| (This does not mean the mode of dving e.g. | (A) IMMEDIATE CAU | | IA | |
| heart toiture, asthenia, etc. It means the disease injury ar camplication which caused death. | DUE TO, OR AS | A CONSEQUENCE OF: | | |
| ANTECEDENT CAUSES | 1. | 1 - 11 | | |
| DISEASES OR CONDITIONS, it any, giving | DUE TO, OR AS | A CONSEQUENCE OF: | ing, | |
| ise to the obave cause (A) stoling the UNDERLYING CONDITION last. | (c) Peptie | a consequence of: | / . | |
| 11 | Perker | - Edemo. | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | Chronic | 5 cheinghre | nia. | |
| 198. CONDITION FOR WAS PERFORMED | WHICH OPERATION | 20A-AUTOPSYS (Yes of) | IN CERTIFYING CA | FINDINGS CONSIDERED |
| OR CONTRIBUTINO CAUSE OF hon DEATH (notily medical examiner) | PLACE OF INJURY (e.g., in ne, lorm, loctory, street, off | or about 21 C. WHERE DID | (If In Boltimo | re City, give exact facation) |
| S IOL HAJOKA | INJURY OCCURRED | 21 F. HOW DID IN | JURY OCCUR? | |
| (APPROX) | ile At Not While | | | |
| 22. I certify that (() (this hospital) attended t | he deceased from FF | BRUARY 6 | 19 69 to FF | BRUARY 9 1969 |
| that (1) (we) last saw the deceased alive an | | 19 69 and t | hat In (my) (aur) apl | nlan death occurred on the dote |
| and haur and fram the causes stated abave. | (We) (did) (did nat) vi | ew the bady ofter death. | | occoured on the dola |
| 23A. SIGNATURE | | , one asom | | 23B, DATE SIGNED |
| amadineg er m | V | ding Med. | Stoff Phys. | 49/69 |
| 23C.PHYSICIAM'S NAME (Typel ROBERT WIDMEYER, M. D. | DEGREE | CATON & WILK | | BALTO; MD. 21229 |
| A. BURIAL CREMATION, 248. DATE 24C. N. | AME OF CEMETERY OF CREA | | | |
| Entonbment | Sanials Mamanial | L Park Cloister | | |
| 54. DATE RECD BY HEALTH GETS (1258, NAME C | of registrat | 25C. FUNERAL DIRECTO | A | Frederick Md. |
| 100200 | - Makey MA | 1 1 1 2 | 1000000 | E FRIDERICK |
| \$ 150-REV. 1/1/68 | 4 9 0 0 | ALICITION / | YNEAD Hom | 2 / Plan Prot. |

the section of the se

USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? NO X If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRES BCH: RECORDS 4940 EASTERN AVE. BALTO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 14 MONTHS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 69. and that in(my) (are apinion death occurred an the date 9 FEB 1969 BALTO. MD. 21224 Buffalo, West Virginia 1331 Rockville ABakse Tyson Wheeler Rockville, Maryland VS 150-REV. 1/1/68



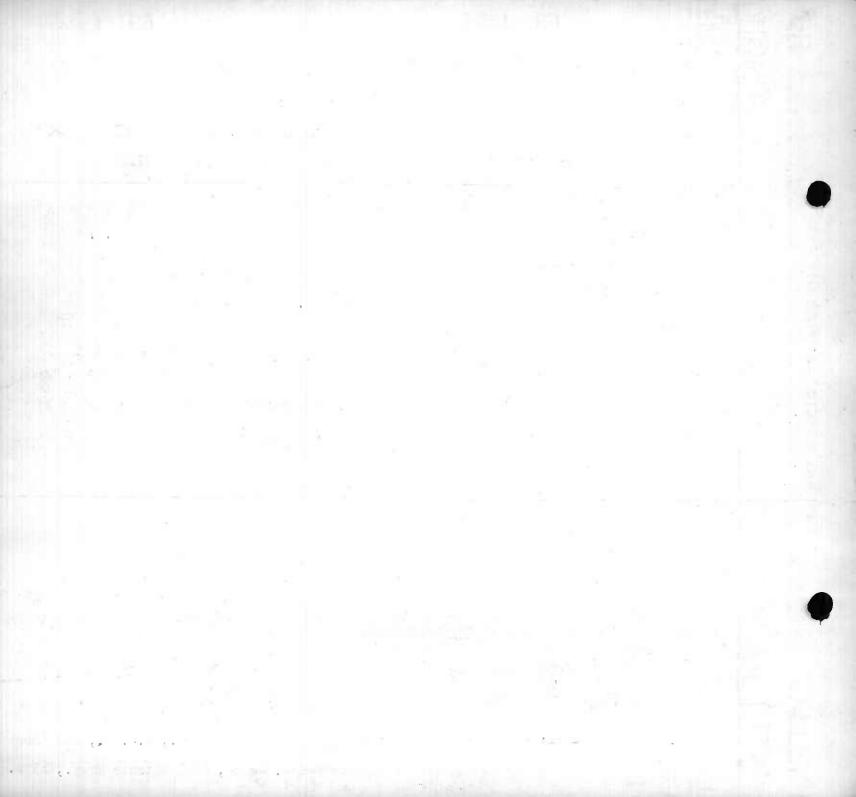


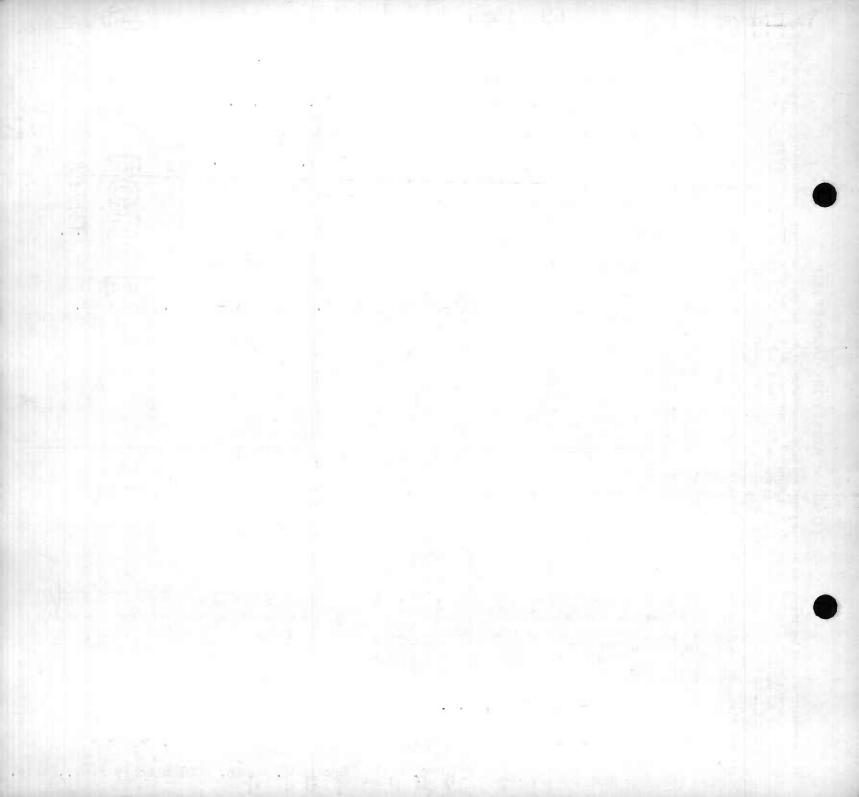
69 1583 BALTIMORE CITY HEALTH DEPARTMENT 69 1583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO NAME OF DECEASED 2. DATE Known | Month Dov Hour (Type or Print) OF 6:25 A. DAVID CHAVIS, III Estimoted | February 7,1969 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 6:25 A. February 7,1969 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 315 E. North Avenue (DOA) A. STATE Maryland B. COUNTY 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Male. Negro Baltimore WIDOWED YES DIVORCED 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years Months Doys Hours Min. lost birthdoy) 315 E. North Avenue BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dayles of service) IB. INFORMANT SOCIAL SECURITY NO. NORTH AR CAUSE OF DEATH BETWEEN ONSET AND DEATH Interstitial Pneumonitis (SDII) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED yes ₹ 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK 23. Autopsy X I certify that I held on Inquiry Inspection and that on this basis, deoth in my opinion resulted from: Natural couses XX Accident Suicide __ Homicide __ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER 2/7/69 Ronald N. Kornblum, M.D. NAME (Type) 24B. DATE 24D. LOCATION 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY (Stote) REMOVAL (Specify) UNION OFMI 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C: FUNERAL DIRECTOR **ADDRESS**

WARE-N. C. U.S. A. DAWID CHAPIS 9" PHARYELLA SELACEY X Dhord Chedon'S TE - Sis F. ANOTH AND BURIAL STIPLES CARREN UNION CETT HORNIET - NIC MAKEARETTA BRIDGES SON BOMEGOES

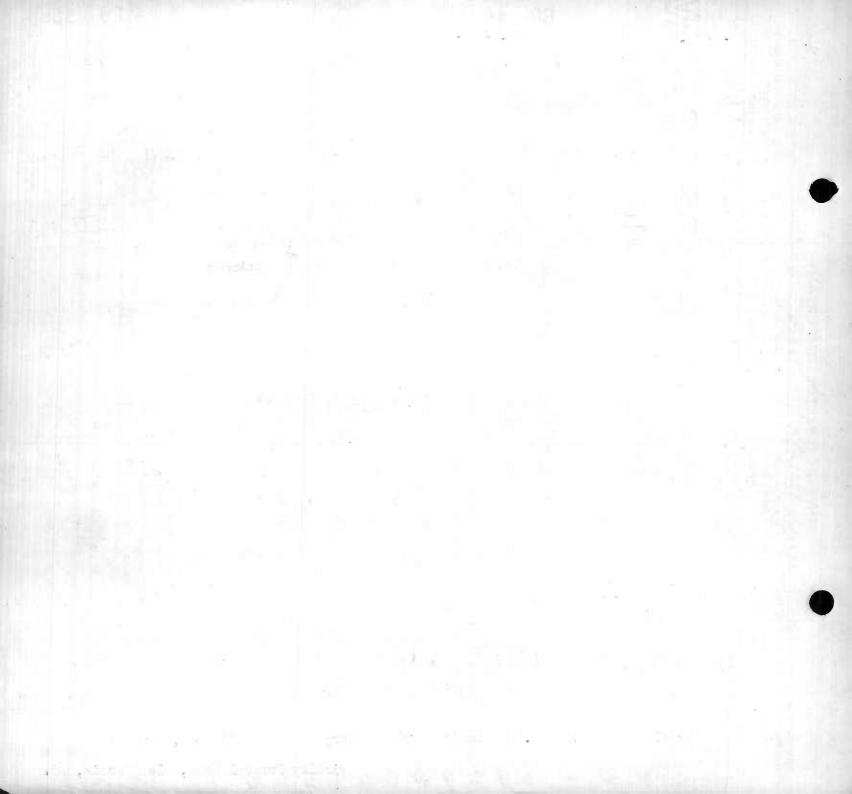
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BALTIMORE CITY HEALTH DEPARTMENT



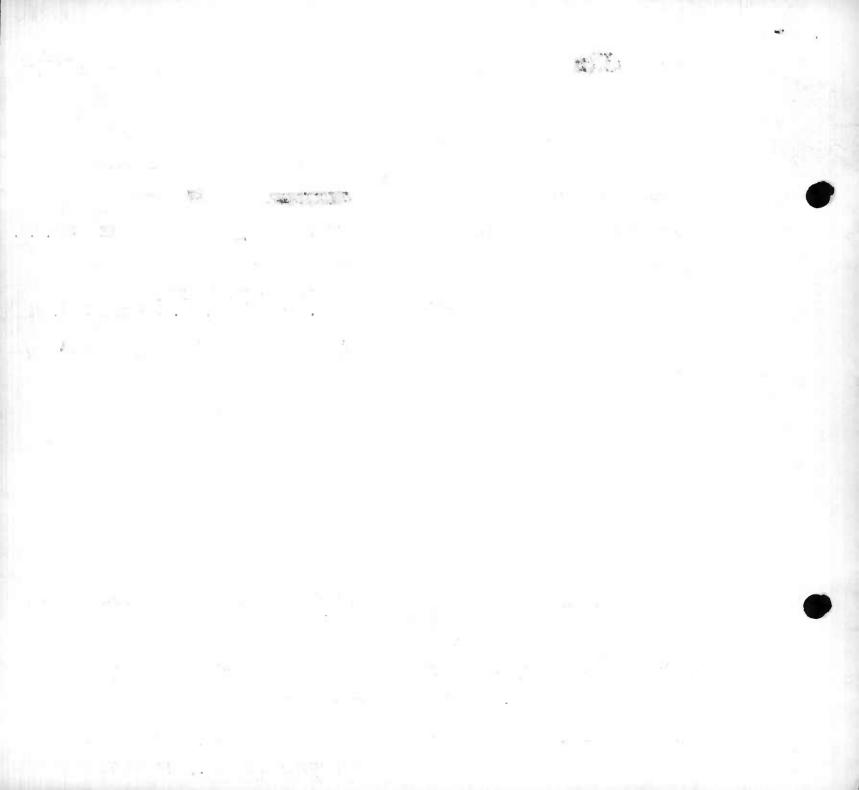


BALTIMORE CITY HEALTH DEPARTMENT



| 1-637 69 1 | 527 | HEALTH DEPARTMENT | X | 69 1587 |
|--|--|---|---|--|
| BIRTH NO. | CERTIFICA | TE OF DEATH | REG. NO. | 69 1587 |
| 1.NAME OF DECEASED | | | NO HOUR OF DEATH | |
| JORDAN, LILLIA | N MAY | FEBR | UARY 9, 19 | 969 8:55 P. M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR | ONOUNCED DEAD | A. STATE & COUN | no deceased lived. II in | nstitution: residence before admission) |
| FULL NAME OF (IF NOT IN HOSPITAL OR II | NSTITUTION, GIVE STREET | _ MD. | Anne Arunde | 1 51-00 |
| INSTITUTION | | C. CITY OR TOWN | D. INS | IDE CITY LIMITS? |
| 40 ST. AGNES HOSPITA | L | PASADENA | | YES NO X |
| / | - | 6. STREET AND NUMBER | MA AAAAAA | Plant Days |
| 5. SEX 6. RACE 7. 44 A P. | nes Maries | 8. DATE OF BIRTH | | Eliot Road |
| L EELAAR EL LANDE L | THE TEXT TO AND THE TEXT TO A TO | | 9. AGE (In years last birthday) | If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min. |
| 10A USUAL OCCUPATION (Give kind of work 108, KIN | | 4-26-29 | 39 | |
| done during most of working life, even if refired) | UCKING | | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| CLERK TR | UCKING | MARYLAND | | U.S.A. |
| ROBERT V. COOK | | 14. MOTHER'S MAIDEN NA | | |
| | | VIOLET (BROW | N) | |
| 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv | ice) SECURITY NO. | 17. INFORMANT | AVES. B | ALTO ADDRESS 21229 |
| No | | ST.AGNES HO | SP.RECORDS | S-CATON & WILKENS |
| 18. / / 9 / / | CAUSE OF DEATH | | | APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY | | 11 | 4 | BETWEEN ONSET AND DEATH |
| LEADING TO DEATH | (A)IMMEDIATE CAU | SE CA, 9t 7 | HE LUN | 4 |
| IThis does not mean the made of dying, heart failure, asthenia, etc. It means the dise | e.g., DUE TO, OR AS | SE CA 9 7 | *************************************** | |
| injury or complication which caused death.) | 5 MW | STIPLE MET | 15/16/6 | ~ |
| ANTECEDENT CAUSES | | | 17 17 373 | |
| DISEASES OR CONDITIONS, if any, gi | ving DUE TO, OR AS | A CONSEQUENCE OF: | ************* | |
| rise to the above cause (A) stating UNDERLYING CONDITION last. | ine | | | |
| 11 | (c) | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTE | NG | | | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | VAL | | | |
| 19A DATE OF OPERATION 198 CONDITION F | OR WHICH OPERATION | 20A. AUTOPSY? (Yes of No | | FINDINGS CONSIDERED |
| WAS PERFORMED | | YES | IN CERTIFYING CA | USES OF DEATH? |
| OR CONTRIBUTION CO. | 218. PLACE OF INJURY (e.g., in home, farm, fectory, street, off | or about 21 C. WHERE DID | (If In Boltimor | e City, give exact location) |
| DEATH Inotify medical examiner | elc.) | ice bidg., INJURY OCCUR? | | |
| DEATH Inotify medical examined 21D.TIME (Month) (Day) (Year) (Hour | 21 E INJURY OCCURRED | 21F. HOW DID INJ | ILEY OCCUP | |
| APPROX.) | While At Not While | | OKI OCCOK! | |
| The result | Work At Work | | | |
| A VAV | 1 | | | |
| 22. I certify that (1) (this hospital) attend | ed the deceased fram | EBRUARY 7 | 969 to FEB | RUARY 9 19 69 |
| that (1) (we) last sow the deceased alive | ed the deceased fram F | EBRUARY 71 | 969 to FFRE | RUARY 9 19 69 |
| that (1) (we) last sow the deceased alive and hour and from the causes stated above | ed the deceased fram F | EBRUARY 71 | 969 to FFRI at In (my) (our) opin | RLIARY 9 19 69 |
| that (1) (we) last sow the deceased alive and hour ond from the causes stated above 23A- SIGNATURE | ed the deceased fram F. on FEBRUARY 9, e. 11) (We) (did) (dix 40) XI | EBRUARY 7 19 69 and the | 969 to FFBI of In (m/x) (our) opli | RLIARY 9 19 69 Infan death accurred on the date 238, DATE SIGNED |
| that (1) (we) last sow the deceased alive and hour ond from the causes stated above 23A- SIGNATURE | ed the deceased fram F. on FEBRUARY 9, e. 11) (We) (did) (dix 40) XI | EBRUARY 7 19 69 and the | at in (mý) (our) opi | nian death accurred on the date |
| that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A, SIGNATURE MANUMO M. Cab 23G, PHYSICIANS | on FERUARY 9, e. (1) (We) (did) (dix not) Vi | EBRUARY 7 19 69 and the | of in (my) (our) opin | 238. DATE SIGNED 02 10 69 |
| that (i) (we) last sow the deceased alive and hour and from the causes stated above 23A, SIGNATURE MAYNO M. Cab 23G, PHYSICIAN'S NAME (Type) | on FERUARY 9 on II) (We) (did) (dix not) VI I Ling DEGREE Phys. | FBRUARY 7 19 69 and the ew the bady after death. ding Med. Director 30. ADDRESS | Stoff DALTO M | 238 DATE SIGNED 02 10 69 |
| that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE MAYON M. CABILING 23C. PHYSICIAN'S NAME (Type) MARINO M CABILING 24A. BURIAL CREMATION, 124B. DATE | e. (1) (We) (did) (dix noi) VI | EBRUARY 7 19 69 and the ew the bady after death. ding Med. Director 3D. ADDRESS ST. AGNES HOSP | Stoff DA BALTO M. CATON & \ | 238. DATE SIGNED 02 10 69 0. 21229 NILKENS AVES. |
| that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE MAYLING M. CABILING 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. PHYSICIAN'S NAME (Type) MARINO M CABILING 24A. BURIAL CREMATION, REMOVAL (Specify) | on FERRUARY 9 e. (1) (We) (did) (dix not) VI I Ling DEGREE Phys. | EBRUARY 7 19 69 and the ew the bady after death. ding Med. Director 3D. ADDRESS ST. AGNES HOSP | Stoff DA BALTO M. CATON & \ | 238. DATE SIGNED 02 10 69 |
| that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE MAYOND M. CABILING 23C. PHYSICIAN'S NAME (Type) MARINO M CABILING 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 12B. DATE 24A. DATE 24A. DATE | on FERRUARY 9, e. (1) (We) (did) (dix no) VI Ling DEGREE Phys. C. NAME of CEMETERY of CREI | EBRUARY 7 19 69 and the ew the bady after death. ding Med. Director SD. ADDRESS ST. AGNES HOSP MATORY 24D. LC orial Park E. | Shoff EXPhys. CATON & \(\) CATON & \(\) CATON (Circles) | 238. DATE SIGNED 02 10 69 0. 21229 NI LKENS AVES. |
| that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE MANUMO M. CAB 23G. PHYSICIAM'S NAME (Type) MARINO M CABILING 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 13 Feb. 69 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM | on FERRUARY O, on FERRUARY O, on FERRUARY O, on HI) (We) (did) (dix rox) Allor Alter Physics C. NAME of CEMETERY of CRES Meadowridge Mem ME OF REGISTRAR | EBRUARY 7 19 69 and the ew the bady after death. ding Med. Director So. Address ST. AGNES HOSP MATORY 240. LG Orial Park E. 25C. FUNERAL DIRECTOR | Shoff EXPhys. EATON & CATON & Continuous (Circles How | 238 DATE SIGNED 02 10 69 0. 21229 WILKENS AVES. Ty, lowir, or county) (Stoto) Vard County, Md. ADDRESS |
| that (I) (we) last sow the deceased alive and hour ond fram the causes stated above 23A. SIGNATURE MARINO M. CABILING 23C. PHYSICIAN'S NAME (Type) MARINO M CABILING 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM | on FERRUARY 9, e. (1) (We) (did) (dix no) VI Ling DEGREE Phys. C. NAME of CEMETERY of CREI | EBRUARY 7 19 69 and the ew the bady after death. ding Med. Director So. Address ST. AGNES HOSP MATORY 240. LG Orial Park E. 25C. FUNERAL DIRECTOR | Shoff EXPhys. EATON & CATON & Continuous (Circles How | 238. DATE SIGNED 02 10 69 0. 21229 NI LKENS AVES. |

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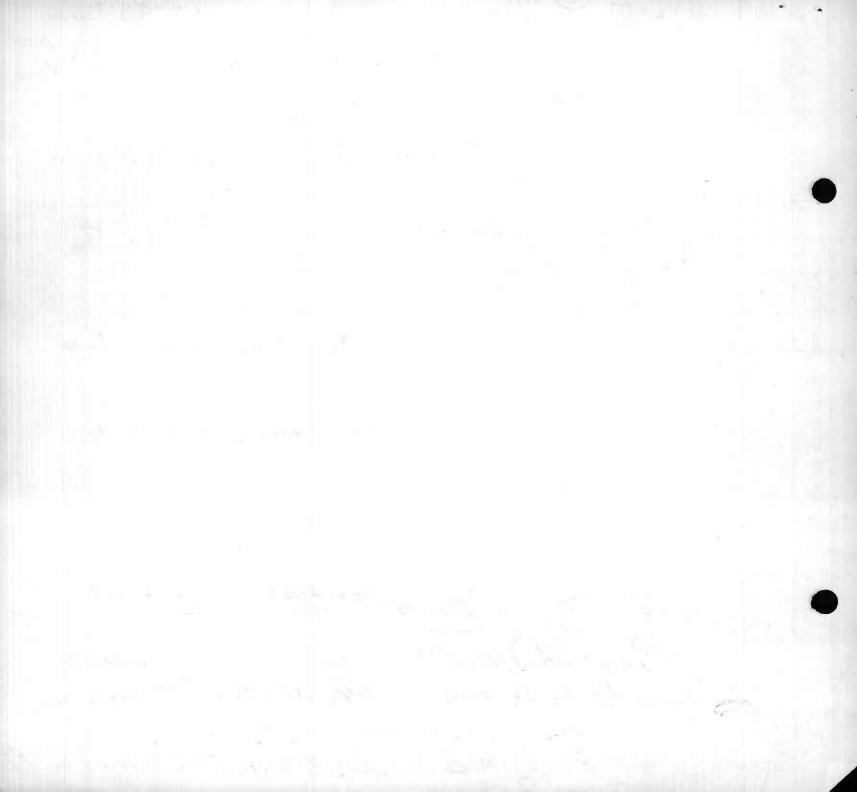
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

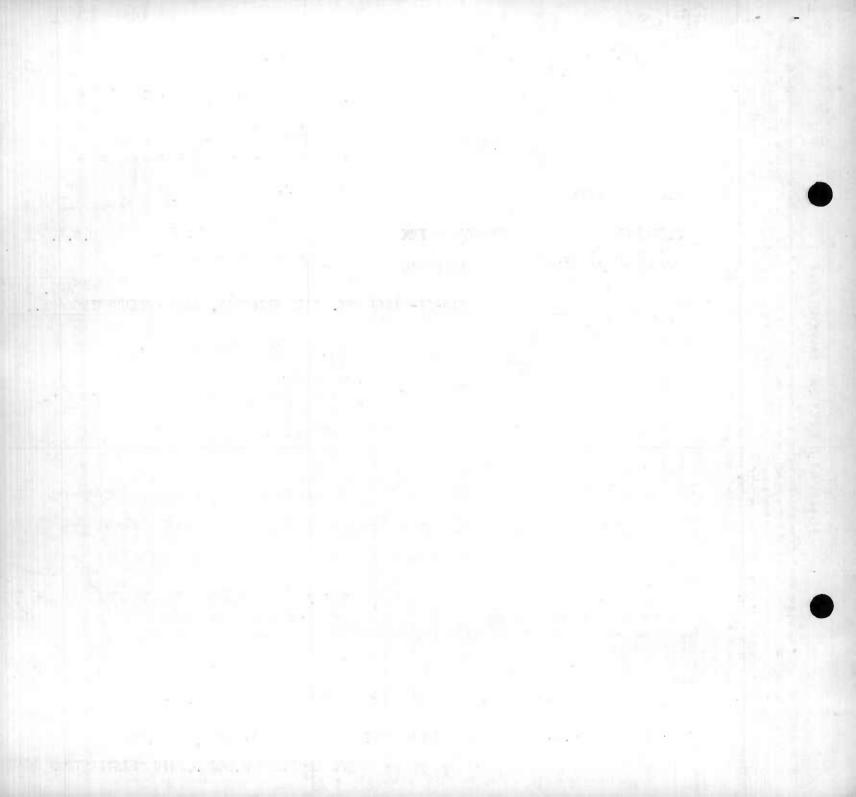
IMPORTANT

DIRECTOR:

FUNERAL



| 7 | - 1 - | . 60 | 450 | BALTIMORE CITY | HEALTH DEPARTMENT | 69 | 1591 | | | |
|--------------|--|---|---------------|------------------------------|---|---------------------------------|--|--|--|--|
| BiR | TH NO. | 5 03 | 100 | CERTIFICA | TE OF DEATH | REG. NO. | 1001 | | | |
| 1, N | Pe or Print) | PATHAN) | FZ | RIBIMAI | 2. DATH AND | HOUR OF DEATH | P.00 DM | | | |
| 3. | PLACE IN BALT | TIMORE, MARYLAND, W | HERE PRONOL | UNCED DEAD | 4. USUAL RESIDENCE (Where A. STATE B. COUNT | deceosed fived. If institution: | residence before odmission) | | | |
| HC | LL NAME OF | (IF NOT IN HOSPIT | AL OR INSTITU | UTION, GIVE STREET | C. CITY OR TOWN | ALTIMORE D. INSIDE CITY | 3 11-30 | | | |
| IN: | 7 14 | 1 | 11 | | BALTIMORE | YES |] NO [| | | |
| - |)/ | MERCY | Hos | EPITAL | 6320 GRE | ENSPRING | AUB | | | |
| S. 5 | SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | | AGE (In years I Und | or 1 Yr. If Under 24 Hrs. Doys Hours Min. | | | |
| 163 | MALE | WHITE | WIDOWED | | 11/21/00 | 68 | | | | |
| | | working tite, even if retired) | IUS, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign | 5 Gg 1 1- | TIZEN OF WHAT COUNTRY? | | | |
| 12 | CLOTHI. | | MANL | IFACTUR ERS | PU C | 101/4 | U.S.A. | | | |
| 13. | AB | RAZA | M | FRIEDMAN | REBE | 20 A 7. | | | | |
| 15. (Ye: | Wos Deceosed | Ever in U. S. Armed For | ces? | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS APT. 303 | | | |
| | NO | | | | MRS. ROSE FRIED | MAN. 6320 GREEN | | | | |
| | 18.4/0 | 191 | | CAUSE OF DEAT | H | | APPROXIMATE INTERVAL | | | |
| | | E OR CONDITION DE | RECTLY | | 100 TAS 1 | Vinner din | | | | |
| | (This does not mean the mode of dying, e.g., | | | | | | | | | |
| | heart foilure, osthenia, etc. It means the disease, injury or complication which caused deeth.) | | | | | | | | | |
| | ANTECEDENT CAUSES II DIE LAS VACIADORDI) A | | | | | | | | | |
| | DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | |
| | rise to the above cause (A) stating the UNDERLYING CONDITION last, (C) A 5 74 1) | | | | | | | | | |
| | | (() | | | | | | | | |
| ON | | ICANT CONDITIONS CO | | | | | | | | |
| ERTIFICATION | DISEASE OR CO | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED | | | | | | | | |
| TIF | O O | WAS PER | | WHICH OFERATION | ZON. AUTOPSI: (Tes of No. | IN CERTIFYING CAUSES OF | DEATH? | | | |
| CER | 21A. ACCIDEN | T WAS UNDERLYING | | PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE DID | (If in Boltimore City, gi | ive exoct location) | | | |
| CAL | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | | | e, form, factary, street, of | fice bldg., INJURY OCCUR? | | | | | |
| MEDIC | 21 D. TIME (Month) (Doy) (Year) (Hour) | | | INJURY OCCURRED | 21F. HOW DID INJU | RY OCCUR? | | | | |
| 2 | (APPROX.) | | | While At Not White At Work | | | | | | |
| | 22. I certify that (I) (this haspital) attended the deceased from 2/7/1969, | | | | | | | | | |
| | that (1) (we) lost sow the deceased clive on 2 1 10 6 2 and that in(my) (our) apinian death occurred on the date | | | | | | | | | |
| | and hour and | from the couses sta | red aboge. (I |) (We) (did) (did hot) v | iew the body ofter deoth. | | | | | |
| | 23A. SIGN ATU | | | ~ () | | 23 B, DA | TE SIGNED | | | |
| | / | 1 ona | Me | DEGREE Phys | nding Med. S s. Director P | thaff | 2/7/69 | | | |
| | PHYSICIAL NAME TY | N'S DM P | DAN | I'M M.D. | 23D. ADDRESS | c. PAUL | | | | |
| 244 | BURIAL CREA | | 24C. N/ | AME of CEMETERY OF CRE | MATORY 24D. LO | CATION (City, town, | or county) (Stote) | | | |
| | BURIAL | 2-9-69 | ANS | SHE EMUNAH AIT | Z CHAIM BAIT | IMORE, MARYLAND | | | | |
| 25/ | | BY HEALTH DEPT. | 258. NAME C | | 25C. FUNERAL DIRECTOR | | ADDRESS | | | |
| | | 8 13 1909 (| 0.952 | 5. 9. 10 Aug | SOL LEVINSONGE | BROS.,6010 REI | STERSTOWN ROAD | | | |
| VS | 150-REV. 1/1/6 | 22 | 5 | | | | | | | |



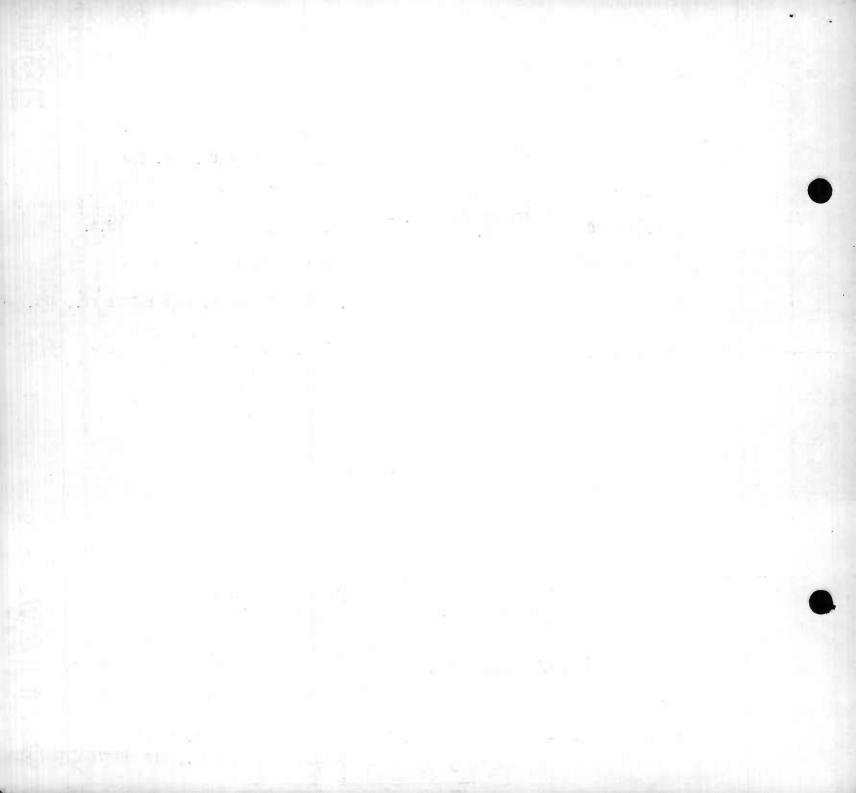
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

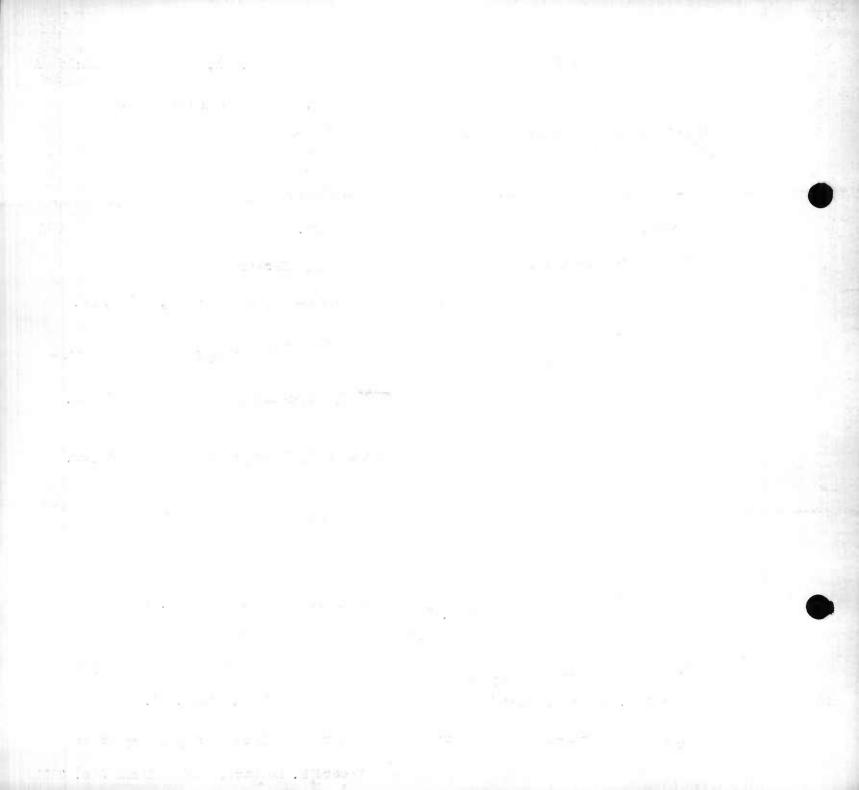
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DIRECTOR:

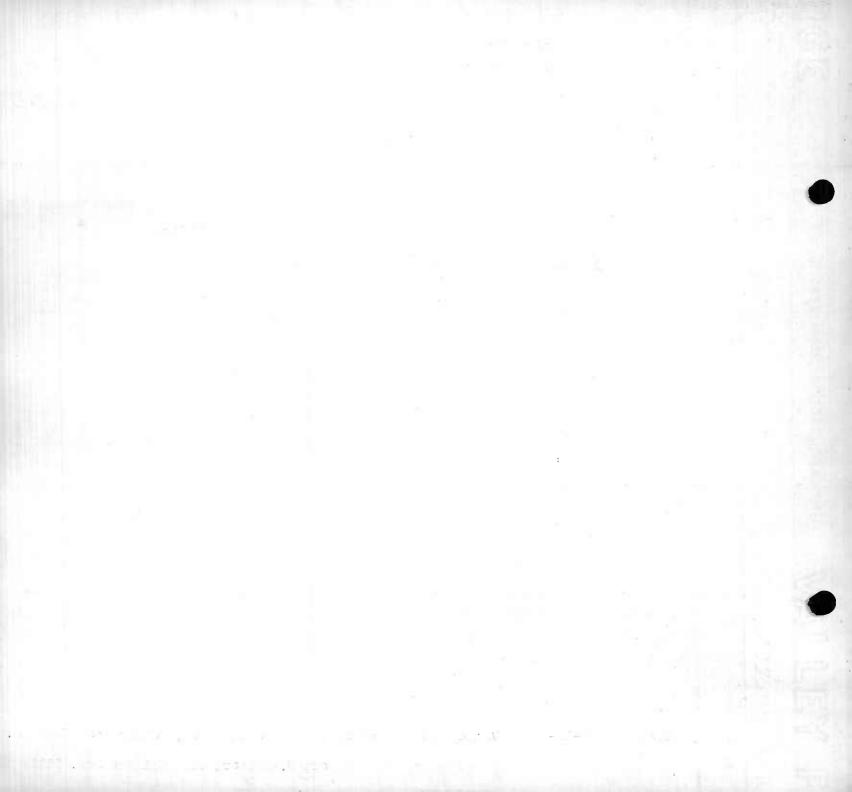
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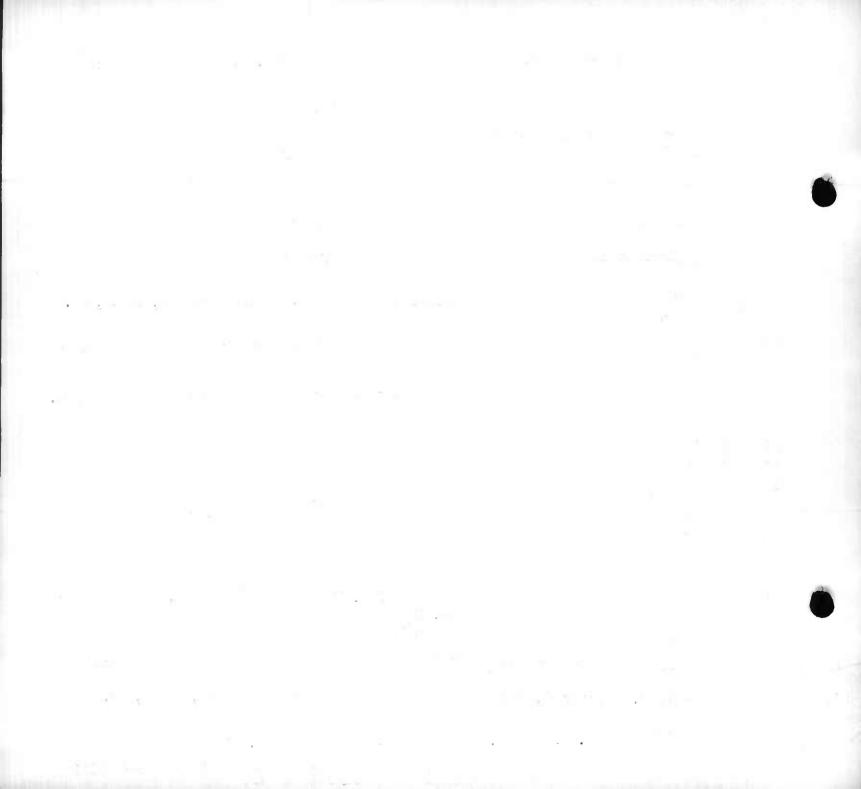


| 69 | 1595 BALTIMORE CITY | HEALTH DEPARTMENT | nec NoCl | 0 4505 | | |
|--|--|---|--|---|--|--|
| BIRTH NO. | CERTIFICA | TE OF DEATH | REG. NO | 9 1595 | | |
| NAME OF DECEASED | | 2. DATE AN | D HOUR OF DEATH | | | |
| Type or Print) While, Doroth | EA M. | 2- | 10-69. | | | |
| ADDRESS OR LOCATION INSTITUTION BEN SECURE HOSPITAL FRY CHEE ST. 6. SEX 6. RACE F. WILL 10A. USUAL OCCUPATION (Give kind of work 10B, Red on the secure) The secure of the secure | ARRIED NEVER MARRIED DIVORCED | 4. USUAL RESIDENCE (Whe A. STATE B. COUN BROWN BALTIMORE E. STREET AND NUMBER 32 NORTH | D. INS D. INS Athol 9. AGE (In years lost birthday) 6/ 190 cauntry) | SIDE CITY LIMITS? YES NO [] If Under 1 Yr. If Under 24 H Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT W. S. A | | |
| 13. FATHER'S NAME | | | | | | |
| S. Was Deceased Ever in U. S. Armed Forces? | | WARNETTA | SpuRRIER | 2 | | |
| S. Was Deceased Ever in U.S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dates af s | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| No | 216-01-6656 | Norwood C IIb1 | ia 32 N A | thol Ave. 21229 | | |
| DISEASES OR CONDITIONS, if ony, rise to the above cause (A) statist UNDERLYING CONDITION last. | (C) | A CONSEQUENCE OF: | -1 | | | |
| TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A | 1. | matosis, abdominal | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI | ED | 20A. AUTOPSY? (Yes or No | FINDINGS CONSIDERED AUSES OF DEATH? | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 218. PLACE OF INJURY (e.g., ir hame, farm, factory, street, of etc.) | in or about 21 C. WHERE DID affice bldg., INJURY OCCUR? (If In Baltimare City, give exact location) | | | | |
| 21 D. TIME (Month) (Doy) (Yeor) (Ho. OF INJURY (APPROX.) | White At Not White Work At Work | 21F. HOW DID INJ | URY OCCUR? | | | |
| 22. I certify that (I) (this hospital) atte | ended the deceosed from | | 19to | 19 | | |
| that (1) (we) lost sow the deceased off and hour and from the couses stated of 23A. SIGNATURE 23C BUYS CLARK | bove. (I) (We) (did) (did not) v | iew the body after deoth. Med. Director | | 23B, DATE SIGNED | | |
| 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | | 21203 | | |
| R.M. 15/DRO | DEGREE | | | 5 W Fayette St. | | |
| 24A. BURIAL CREMATION, PAGE 124B. DATE Burial 2-14-1969 | Lorraine Park Ce | | ocation (Codlawn | Baltimore Md. | | |
| | | | | ADDRESS | | |
| 25A. DATE REC'D BY HEALTH DEPT. 258. 1 | NAME OF REGISTRAR | Howard H. Hu | | Wilkens Ave. 21: | | |

Letter from Dr. R. M. Isidro, Bon Secourts Hospital 3-4-69 M.H.



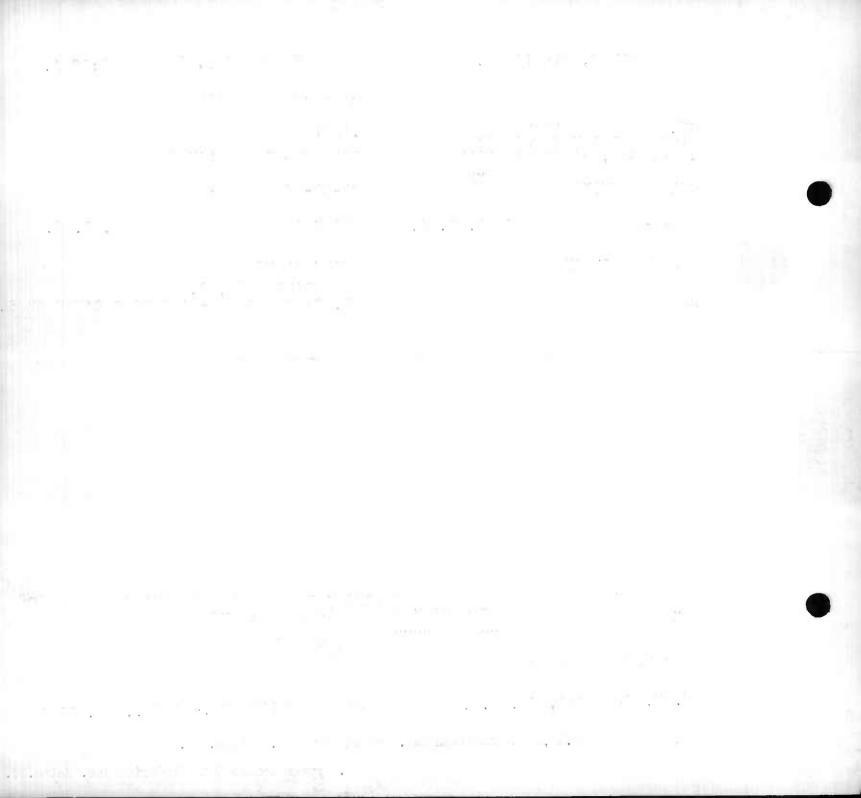




FUNERAL DIRECTOR: IMPORTANT

| BIRTH NO. | | | | | | |
|--|--|--|--|---|---|---|
| 1. NAME OF DE | | N ELICEN | UE ELMED | | RUARY 10. | 10/0 |
| 3. PLACE IN BA | LTIMORE, MARYLAND, V | WHERE PROMOUN | VE ELMER | | | 1969 6:00 |
| FULL NAME OF HOSPITAL OR | (IF NOT IN HOSPITADDRESS OR LOC | TAL OR INSTITUT | TION, GIVE STREET | A. STATE B. COUMARY LAND | 25 | 13/21229 NSIDE CITY LIMITS? |
| 40 | CATON & W | | AVENUES | BALTIMORE E. STREET AND NUMBER | 0.11 | YES NO |
| | BALTIMORE | , MARYLA | AND ZIZZY | 5023 FREDE | ERICK AVEN | IUE |
| 5. SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under Months; Doys Hours |
| MALE | WHITE | WIDOWED | | 08/08/08 | 6.0 | Months Doy's Hours |
| done during most of | UPATION (Give kind of wor working life, even if retired) rchant | Grocery | | Y 11. BIRTHPLACE (Stote or to | reign country) | U.S.A. |
| 13. FATHER'S NA | | Grocery | prore | 14. MOTHER'S MAIDEN N. | | 0.5.4. |
| | | | | | | |
| | HARGADON | | | CARRIE KAI | SER | |
| Yes, no or unknown | l Ever In U. S. Armed For | rces? es of service) | 6. SOCIAL SECURITY NO. | 17. INFORMANT | MELEET ACTION | ADDRESS |
| NO | | | 219-07-339 | 8 ST AGNES! R | RECORDS CA | TON & WILKEN |
| 18. 39 | 5,91 | | CAUSE OF DEA | | AND THE REAL PROPERTY. | APPROXIMATE II BETWEEN ONSET A |
| i ucou iditute. | | dying, e.g., | DUENO, OK A | A CONSEQUENCE OF: | 1 0 | |
| DISEASES (inse to the UNDERLYING | ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, it a obove cause (A) G CONDITION lost. | ony, giving | Chien | S A CONSEQUENCE OF: | ne farle | we |
| DISEASES (nise to the UNDERLYING OTHER SIGNIE TO THE DEAT | aplication which caused ANTECEDENT CAUSES OR CONDITIONS, it to obove cause (A) G CONDITION lost | ony, giving stoling the MTRIBUTING HE TERMINAL RI IAI. | (B) DUE TO, OR A | S A CONSEQUENCE OF: | 0 | E FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES (ise to the UNDERLYING) OTHER SIGNIF TO THE DEAT OF DISEASE OR CONTRIBUTION CONTRIBUTIO | aplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is obove cause (A) G CONDITION lost. IL GLANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PR OPERATION 1978. CON | ony, giving stoling the MYRIBUTING HE TERMINAL RI (DITTON FOR WHFORMED | (B) DUE TO, OR A (C) | S A CONSEQUENCE OF: | No) 208, IF YES, WERI | E FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES (ise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) | ANTECEDENT CAUSES OR CONDITIONS, ile obove cause (A) G CONDITION lost, ILE FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAR OPERATION TO CONDITION OPERATION TO CONDITION | ony, giving stoling the horizontal transfer of t | (B) DUE TO, OR A (C) | 20A. AUTOPSY? (Yes or Natice bidg., INJURY OCCUR? | (If In Baltim | ore City, give exect location) |
| DISEASES (nise to the UNDERLYING) OTHER SIGNIFT TO THE DEAT DISEASE OR CONTUBE OR CONTUBE DEATH (notify) 21 A. ACCIDE OF INJURY (APPROX.I | ANTECEDENT CAUSES OR CONDITIONS, ile obove cause (A) GONDITION lost. ILECANT CONDITIONS COMBINED TO THE CONDITIONS COMBINED TO THE CONDITION GIVEN IN PART OPERATION 198. CONDITION CAUSE OF medicol exomines (Month) (Day) (Year) that (1) (this hospital last saw the decease | ony, giving stoling the DNTRIBUTING HE TERMINAL RI f (A). (Hour) 21E. ft While Work | (6) DUE TO, OR A (C) HIGH OPERATION LACE OF INJURY (e.g., lorm, foclory, sireel, or lorm, foclory, sireel, or lorm, foclory, sireel, or lorm, foclory, sireel, or lord, foc | in or obout 21 C. WHERE DID office bidg. NUARY 2/ | Old 208, IF YES, WERIN CERTIFYING C | |
| DISEASES (nise to the UNDERLYING) OTHER SIGNIFT TO THE DEAT DISEASE OR CONTUBE OR CONTUBE DEATH (notify) 21 A. ACCIDE OF INJURY (APPROX.I | ANTECEDENT CAUSES OR CONDITIONS, ile obove cause (A) G CONDITION lost, FICANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION PAR OPERATION (Monith) (Doy) (Year) That (1) (this hospital last saw the decease of from the causes star | ony, giving stoling the DNTRIBUTING HE TERMINAL RI f (A). (Hour) 21E. ft While Work | (6) DUE TO, OR A (C) HIGH OPERATION LACE OF INJURY (e.g., lorm, foclory, sireel, or lorm, foclory, sireel, or lorm, foclory, sireel, or lorm, foclory, sireel, or lord, foc | 20A. AUTOPSY? (Yes or h in or obout 21C, WHERE DID diffice bidg, INJURY OCCUR? | Old 208, IF YES, WERIN CERTIFYING C | BRUARY 10 19 |
| DISEASES (ise to the UNDERLYING) OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR CO 19A-DATE OF CONTRIBUTION (APPROX.) 21 A. A CCIDE OR CONTRIBUTION (APPROX.) 22. I certify that (1) (we) and haur and the contribution of the | ANTECEDENT CAUSES OR CONDITIONS, it is obove cause (A) GCONDITION lost. FICANT CONDITIONS COMBINED TO THE CONDITION GIVEN TO THE CONDITION OPPORTUNITY OF THE CONDITION OF THE | ony, giving stoling the DNTRIBUTING HE TERMINAL RI f (A). (Hour) 21E. ft While Work | (B) DUE TO, OR A (C) SIGH OPERATION LACE OF INJURY (e.g., lorm, factory, sleet, deceased from JA (We) (did) (d) (h) (h) (h) (h) (we) | 20A. AUTOPSY? (Yes or No. 1) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN 10 10 10 10 10 10 10 10 10 10 10 10 10 | Old 208, IF YES, WERIN CERTIFYING C | BRUARY 10 19 |
| DISEASES (ise to the UNDERLYING) OTHER SIGNIF TO THE DEAT OF THE DEAT OF THE DEAT OF THE DEATH (notify DEATH (notify (APPROX.) 21 A. A CCIDE OR CONTRIBE OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and the contribution of the contri | ANTECEDENT CAUSES OR CONDITIONS, ile obove cause (A) G CONDITION lost, II GICANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 1982 CON WAS PER INT WAS UNDERLYING TING CAUSE OF medical examines (Month) (Day) (Year) that (1) (this hospital last saw the decease of from the causes state of the cause of the causes of the cause of the cause of the causes of the cause of the cau | ony, giving stoling the INTRIBUTING HE TERMINAL IT I (A). (Hour) 21E, Ft While work (Hour) 21E of While work (I) attended the et al alive an Fitted above. (I) (I) | (B) DUE TO, OR A (C) COMMITTEE TO THE TOTAL TOT | 20A. AUTOPSY? (Yes or North Control of the Control | 208, IF YES, WERI IN CERTIFYING C (If In Baltim JURY OCCUR? 19 9 to FEB hat In)(n)(y) (aur) ap | BRUARY 10 19 |
| DISEASES (ise to the UNDERLYING TO THE DEAT TO THE DEAT TO THE DEAT TO THE DEAT TO THE OF CONTRIBLE OF INJURY (APPROXI 21 A. ACCIDE OR CONTRIBLE OF INJURY (APPROXI 22. I certify that (I) (we) and haur and haur and haur and haur and haur and the contribution of the | ANTECEDENT CAUSES OR CONDITIONS, it is obove cause (A) is obove cause (A) is condition lost. CICANT CONDITION COMBINITIONS COMBINITION GIVEN IN OPERATION IPP. CONDITION GIVEN IN PARTICIPATION (Month) (Doy) (Year) That (I) (this hospital last saw the decease of fram the causes state of the causes | ony, giving sfoling the INTRIBUTING HE TERMINAL RT (A). IDITION FOR WH FORMED (Hour) 21E, \$P While Work (Hour) 21E, \$P While Work 24C. NAM | (B) DUE TO, OR A (C) | 20A. AUTOPSY? (Yes or Parties bldg., INJURY OCCUR? 21F. HOW DID IN 18 19 69 and the body after death. 23D. ADDRESS EMATORY 24D. 24D. 24D. 24D. | JURY OCCUR? 19 69 to FEB hat !n)(n)(y) (aur) ap Stoff Phys. | BRUARY 10 19 pInlan death accurred an 23B. DATE SIGNED |

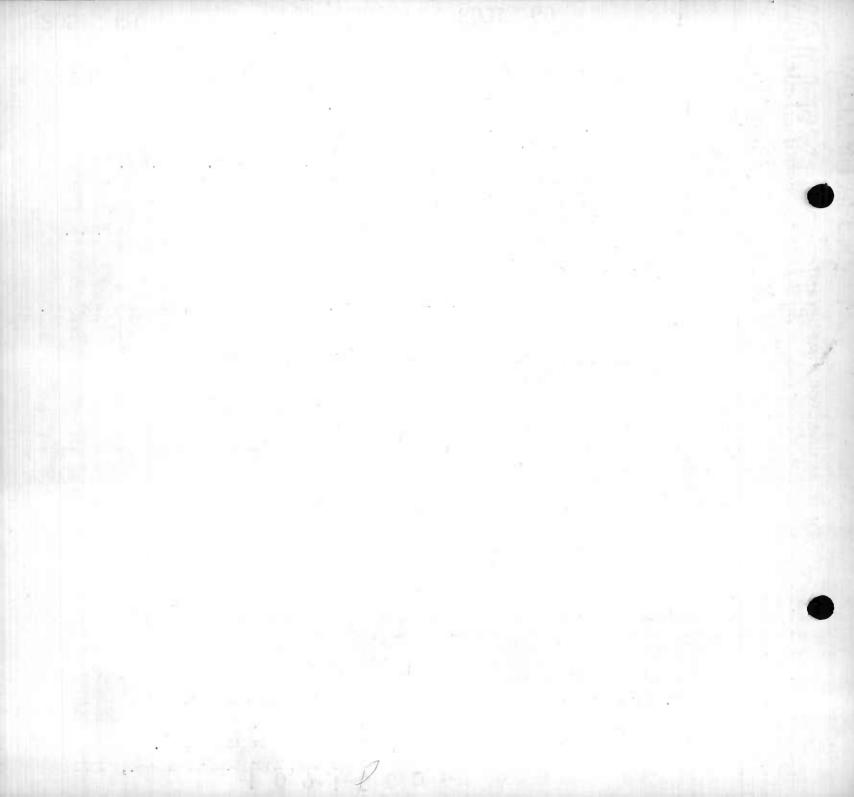
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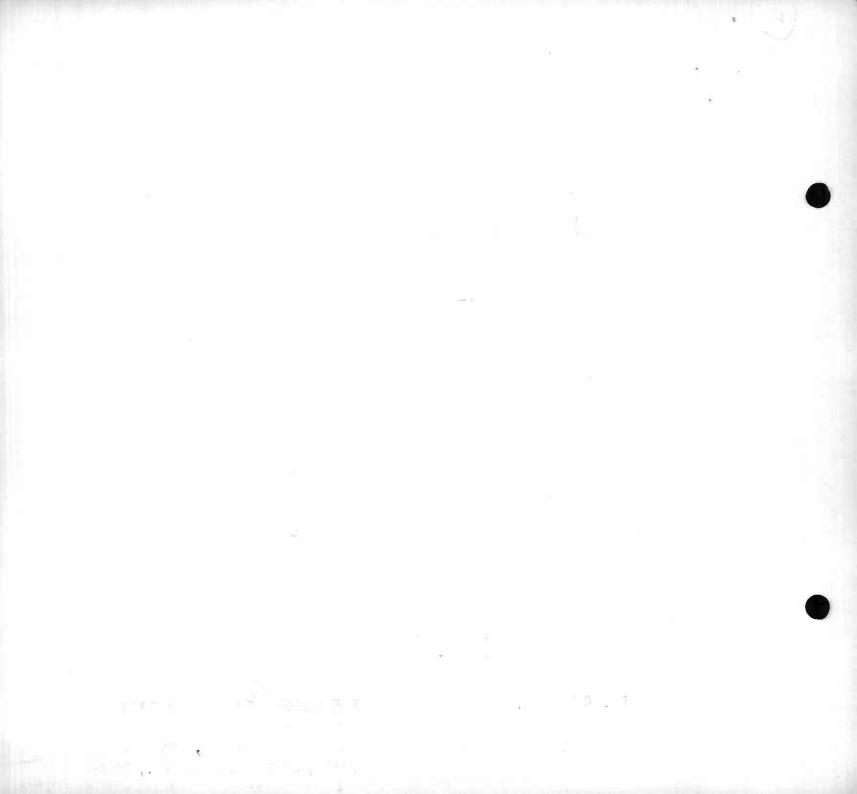


| C | -125 | 69 1601 BALTIMORE CITY HEALTH DEPARTMENT | |
|--------|---|--|---|
| | sed the uch | BIRTH NO. CERTIFICATE OF DEATH REG. NO. CERTIFICATE OF DEATH | 1001 |
| 7 | of deat Of deat Decease on th | 1. NAME OF DECEASED (Type or Print) CLOSON, TIFAMOR L. | 020 |
| 4 | The Dec | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, W institutions re | M. |
| n. | hosp use (5) | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN STITUTION D. INSIDE CITY LI | 140 50- CHED |
| tun | rred in a suting ca sed cause or attendary to prior to de. | Christesity Hospital E. STREET AND NUMBER Rd, PH | No 🔛 |
| 99 | th occurr contributed to the contributed to the con | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) WIDOWED DIVORCED 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. | Doys Hours Min. |
| 2 | 下った。 ここ | 10A USUAL OCCUPATION (Give kind of work) OR PURINGER OR INCUSTOR AND | ZEN OF WHAT COUNTRY? |
| 3 | P O L | None | USA |
| 3 | if deect 4) Ur was the iposii | 13. FATHER'S NAME | |
| 7 7 | dir dir di (di on dis | SARGE COSCAL AGAIRS COSCAL KIAIG | |
| ORTAN | | Tres, no or unknown) (If yos, give war or dotes of sorvice) SECURITY NO. | ADDRESS |
| , K | d t | None Mrs. MghelacGibson Same | AS #4 |
| AP | 4 C D | DISEASE OR CONDITION DIRECTLES | BETWEEN ONSET AND DEATH |
| h.= | er. Also cture of pronoun lar atter | (This does not mean the mode of dying, e.g.) | 20 min |
| 8 | fractur o pron gular embal | heort foilure, osthenio, etc., it means the discose injury or complication which coused death.) | |
| CTO | fra o | ANTECEDENT CAUSES SEPTICEOUR | al dars |
| EC | xan xan xan wh wh | DISEASES OR CONDITIONS, if ony, giving | |
| DIRE | s; (3 | UNDERLYING CONDITION lost. | 21 days |
| 3- | medical medical / burns; physician an was | O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINACT DISEASE OR CONDITION GIVEN IN PART 1 (a). | *************************************** |
| FUNERA | by a mee by a mee 2) Body bure the physician fore the re | 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D | CONSIDERED DEATH? |
| 4 | y the clital by e.; (2) B there ther | OR CONTRIBUTING CAUSE OF hame, form, loctory, street, office bldg., INJURY OCCUR? | exoct location) |
| 79 | od bed by mosp ature (6) (6) | O 21D-TIME (Maniful (Doyl (Year) (Haud) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At The New Whi | |
| = | he hosp ny natur except w and (6) | 22. I certify that (I) (this hospital) attended the deceased from 1-20-69 19 to 2-10 69 | There inc) |
| 4 | G- F0 0 | 22. I certify that ((1) (this hospital) ettended the deceased from [-20-69] 19 to 3-60 (2) that ((1) (we) lost sow the deceased alive an 2-69 19 and that is ((1) (ww) and the deceased alive | 19 |
| | | | n occurred on the dote |
| | leased to ident of hospital o death) | and hour and from the causes stated above. (1) (Ne) (did) (did not) view the body after deoth. 23A. SIGNATURE | SIGNED |
| | 3 0 | Attending Med. Stoff Phys. | 104A |
| | y was rely was rely An acc. 3.A. at a bid prior to approval | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS | |
| | A. A. | 24A BURIAL CREMATION PAR DATE DISCONANTE OF CONTESTS OF THE PROPERTY OF CONTESTS OF THE PROPERTY OF THE PROPER | |
| | F-8 -0 9 - | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY at CREMATORY 24D. LOCATION (City, town, or | |
| | the body shows: (1) was D.O. deceased written a | Burial 2/13/1969 Fairview Cemetery Carroll Co. 25A. DATE RECO. BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR C. M. Waltz Boy 211 Sylvage | , Md . |
| | | 1909 (Lett & July De M. Waltz, Box 241, Sykesv | |
| | | VS 150-REV. 1/1/6B | |

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1 19





DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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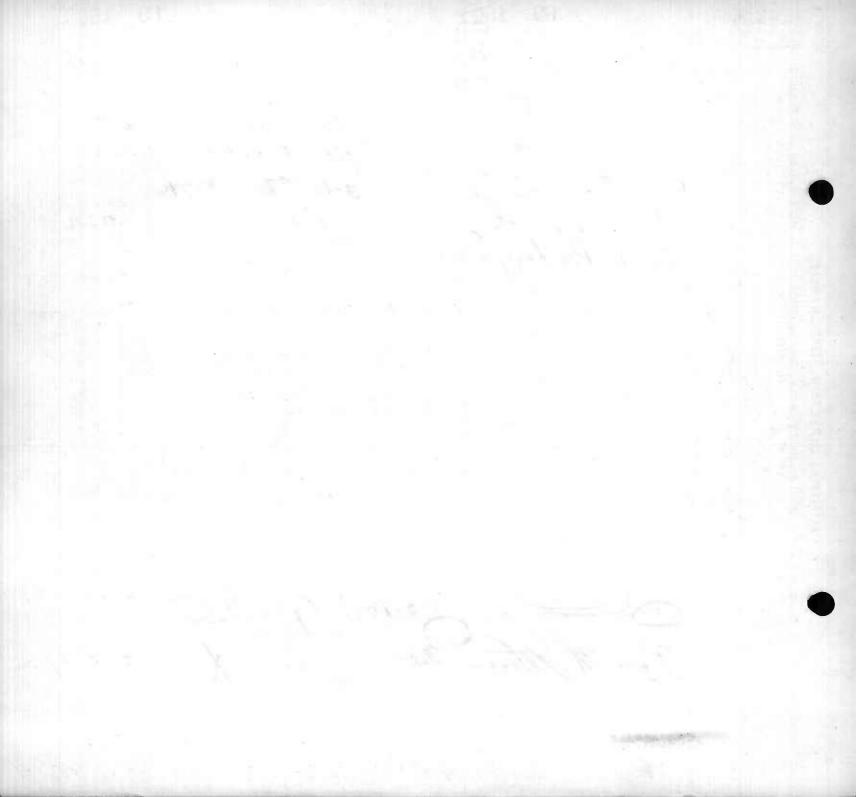
NO

APPROXIMATE INTERVAL

ADDRESS

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10



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

ADDRESS

If Under 24 Hrs.

the transit was that I The No. R-152

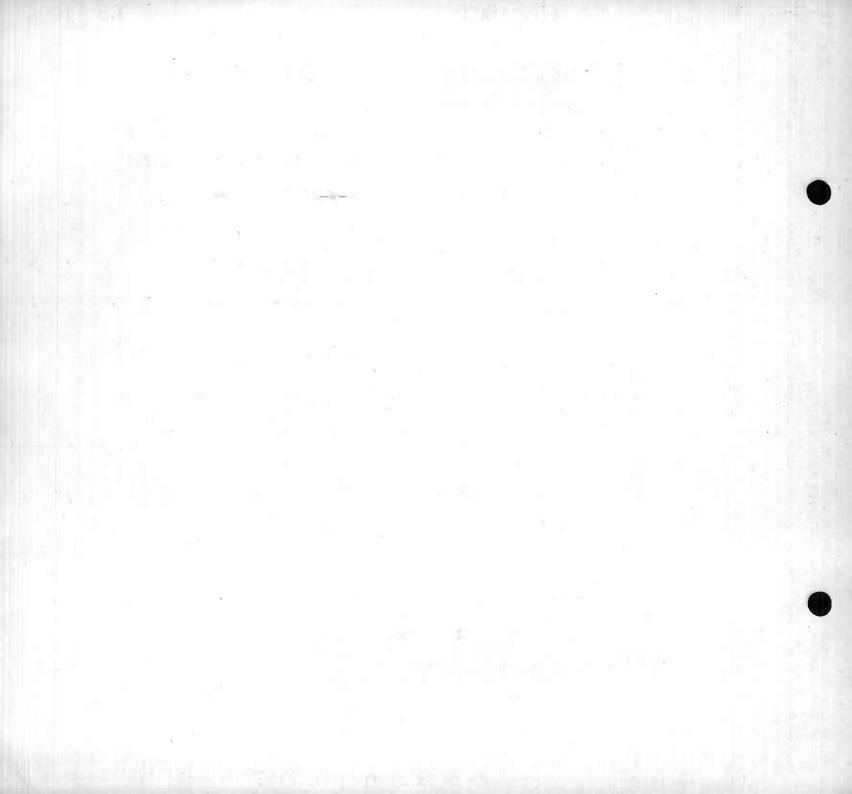
69 1607 BALTIMORE CITY HEALTH DEPARTMENT

69 1607

| BIRTH NO. | | MED | ICAL | EXAMINER'S | CERTIFIC | CATE | OF DEAT | H REG. NO. | 00 | 10 | |
|---|---|-----------------------------|-------------|---|--|--|---------------|--------------------|-------------|---------------|----------|
| 1. NAME OF DECEASED (Type or Print) NETTIE ROBINSON 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | | | | | 2. DATE OF DEATH | Known Z | | Doy arv 8. 19 | Yeor | Hour | |
| | | | | | DEATH Estimoted February 8, 1969 M. 3. DATE Month Doy Year Hour | | | | | | |
| | | | | | PRONOUNCED DEAD February 8, 1969 10:25 AM | | | | | | |
| OK INSTITUTION | OR INSTITUTION , | | | | | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY | | | | | |
| Franklin Square Hospital (DOA) | | | | Maryland / 0-02 | | | | | | | |
| 6. SEX | 7. RACE | | 1 | D NEVER MARRIED | C. CITY OR | | | D. INSIDE CIT | Y LIMITS? | | |
| Temale | Neg | | WIDOWE | | | Baltin | | YES | | NO 🗆 | |
| 9. DATE OF BIRT 2-13-19 | | 10. AGE (In lost birthdo | | If Under 1 Yr. If Under 24 Hrs. Nonths, Days, Hours, Min. | E. STREET A | ND NUMBE | | | | | |
| 11. BIRTHPLACE (S | | | 1: | 2. CITIZEN OF | i3. FATHER | S NAME | I. Fayett | e Street | : | | |
| Mandan | Conth | Como | Tina | WHAT COUNTRY? | TImle | | | | | | |
| Marion | JPATION (Give | Caro | | U.S.A. OF BUSINESS OR INDUSTR | V 15. MOTHE | S'S MAIDEN | NAME | | - | | |
| done during most of v | | en if retired) | | | Mont | ha Fra | nlelin | | | | |
| Seamtre: | | U.S. ARMED | FORCES? | 17. SOCIAL | 18. INFORM | | HINLLII | ADI | DRESS | | |
| (Yes, no or unknown | (If yes, give w | vor or dotes | of service) | SECURITY NO. | | | Robins | | | Carey | St. |
| 19. | 52 | | | CAUSE OF DEA | TH | | | | | PROXIMATE IN | |
| DISEAS | E OR COND | ITION DIREC | CTLY | Hypertens | ive and | arteri | neclarof | tic | DET | ELIN ONSET AT | NO DEATH |
| | LEADING TO | | | (A)IMMEDIATE | | | | disease | | | |
| heart failure | not mean the e, osthenia, etc. mplication which | . It means the | diseose, | DUE TO, OR | AS A CONSEQ | UENCE OF: | , FIRMUM AUA | | | | |
| | | | , | | | | | | | | |
| | NTECEDENT | | CIVILLO | (B) | AS A CONSE | DIIENCE OF | | | | | |
| RISE TO THE | OR CONDITION | USE (A) STAT | ING THE | DUE TO, OK | AS A CONSEC | JUENCE OF: | | | | | |
| Z | NG CONDITI | ON LAST. | | (c) | | | | | | | |
| 51 | | 11 | | | | | | | | | |
| O THE DE | AIH BUT NOT | RELATED TO | THE TERMIN | | | | | | | | |
| DISEASE OR | CONDITION | | | OR WILLIAM AND | AC DEDECORA | | | | AUYO | 5510 /V | - NI-N |
| ZOA. DATE OF | r OPEKA IION | 1 200. CON | ADIIION F | OR WHICH OPERATION W | AS PERFORM | ED | | | 21. AUTO | PSY? (Yes o | r No) |
| 4 10/ | NIAL CALISE | 1444.6 | lo | D DI AGE OF INTURY | | oc Mulene e | 11 (1/ D 11 | | | No | |
| UNDERLYING UTING CA | | TRIB- | h | ZB. PLACE OF INJURY (e.g., ome, form, foctory, street, affic | e bldg., etc.) | NJURY OCCU | IR? | re City, give exoc | f locotion) | | |
| ≥ 22D. TIME | The second second second | oy) (Year |) (Hour) | 22E.INJURY OCCURRED | 2 | 2F. HOW DID | INJURY OCC | UR? | | | |
| OF INJURY (APPROX.) | | | | | WHILE | | | | | | |
| 23. | | | n | 5 | VORK [| | | | | | |
| | tify that I ha | | nquiry | | topsy | | | death in my o | , | | |
| resul | ted fram: N | atural cau | ses A | Accident Suici | | micide 🔲 | | ned monner _ | J | | |
| ACTUAL | | and | 1. | Signat | | | AL EXAMINER | | | DATE SIGN | 1ED |
| SIGNATI EXAMIN NAME (1 | IER'S C1 | harles | S. Sp | ringate, M.D. | ASSC | CIATE MEDIC | AL EXAMINER | □ Febru | ary 9 | , 1969 | |
| 24A. BURIAL CREA | MATION, 2 | 4B. DATE | M st | 24C. NAME of CEMETERY | ar CREMATO | ORY 2 | 24D. LOCATION | | | • | |
| REMOVAL (Speci | | 2-12-6 | 59 | Mount Aubur | n Ceme | try | Balti | more, | Ma | rylan | d |
| 25A. DATE REC'D | | DEPT. | 25B. NA | ME OF REGISTRAR | | UNERAL DIR | | AD F.H. 17 | DRESS | nunen | a Q1 |
| Se a s | ~ | 1300 | 7 | A 18 17 0 | IMOI | W MOTI | DIETT | r.n. I | OT TI | auren | 3 31 |
| VS 151-REV. 1/1/68 | 0 | - | 3 | 0 7 6 11 | 1 1 | 1 1 | 6 | | | | |

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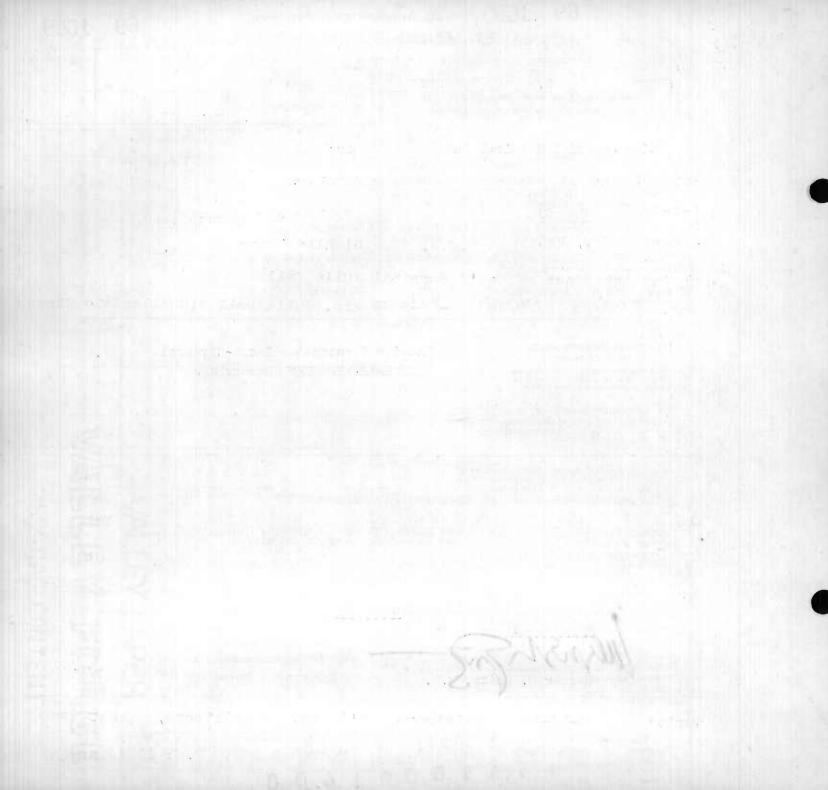
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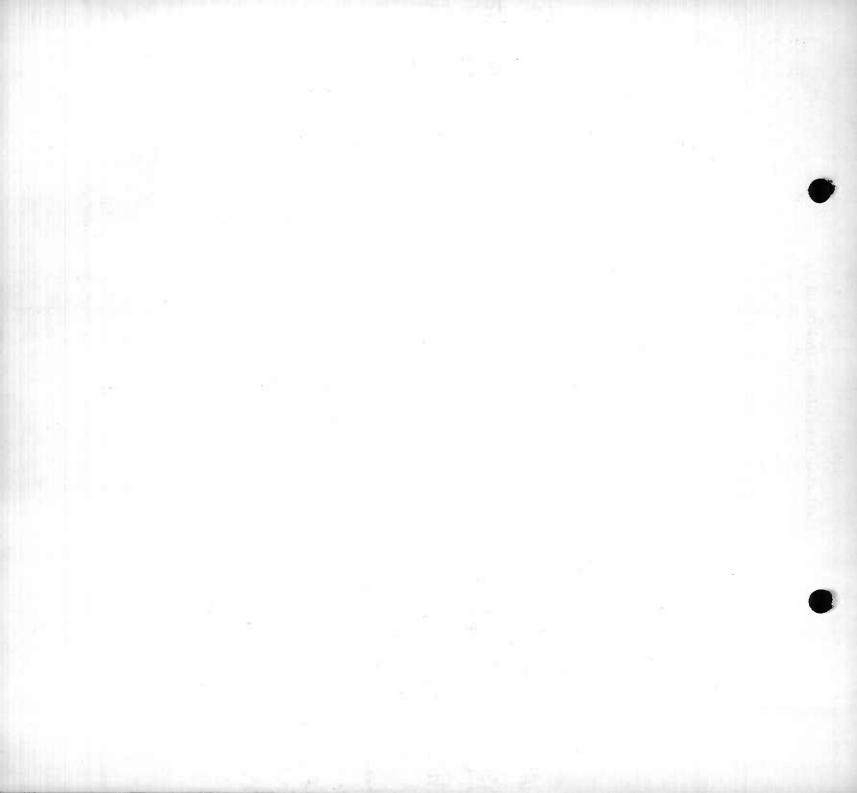
| 69 | 1609 |
|----|------|
| _ | |

| Pul | TH NO | MEDICA | AL EX | XAMINER'S | CERTIFIC | CATE OF | DEAT | H REG. NO | | 1000 |
|---------------|---|---|---------|--|-------------------|------------------|----------------|------------------|----------------|---------------------|
| _ | NAME OF DECEASED | | | | 2. DATE | Known 🗍 | Month | Doy | Yeor | Hour |
| (Ту | Pe or Print) HENRY | 7 | | CIDDA | OF | - | Monin | Doy | leor | Hour |
| | | L. | | CURRY | DEATH | Estimoted X | | | | М. |
| III . | PLACE IN BALTIMORE, A | | | | 3. DATE | INCED DEAD | Month | Doy | Yeor | Hour |
| HO | SPITAL ADD | IOT IN HOSPITAL OR I RESS OR LOCATION) | INSHIUH | ON, GIVE STREET | TXONOC | THEED DEAD | Febru | ary 11, | 1969 | 8:50 AM |
| OR | INSTITUTION | | | | | ESIDENCE (When | e deceosed l | | n: residence l | pefore odmission) |
| + | Union Mer | morial Hos | nital | (DOA) | A. STATE Mary | land | | B. COUNTY | | 1-0X |
| 6. | SEX 7. RACE | | | NEVER MARRIED | C. CITY OR | | | D. INSIDE C | ITY LIMITS? | 0 |
| | | | | | | | | | | |
| | | 0 | OWED | | | imore | | Y | ES X | ио 🗌 |
| 9. 1 | 6-1-1923 | 10. AGE (In years | Mont | nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min. | | ND NUMBER | | | | |
| | | 45 | 100 | 1 1 | | 0 Homewoo | d Aven | ue | | |
| III . | BIRTHPLACE (State or for | | | CITIZEN OF VHAT COUNTRY? | 13. FATHER | | | | | |
| II | ancaster Co | | | U.S.A. | | alee Cur | arts . | | | |
| 144 | .USUAL OCCUPATION (Coduring most of working life, | Sive kind of work 14B. K | IND OF | BUSINESS OR INDUSTR' | 15. MOTHE | R'S MAIDEN NA | ME | | | |
| 3/ | lursing Atte | andant Md | Ger | 11 Hospita | h Juli | a Ball | | | | |
| 16 | WAS DECEASED EVER I | NUS ARMED FOR | CFS? | 17 SOCIAL | IB INFORM | | | A | DDRESS | |
| (Ye | Yes. 6/10 | 743 dotes 0/28 | 1/46 | 215-14-986 | 7 Mrs. | Julia | Ball | 710 Al | lenda | le Stree |
| | 19. | | - | CAUSE OF DEA | | | | | | PROXIMATE INTERVAL |
| | 40117 | | | | | | | | BEIM | EEN ONSET AND DEATH |
| | | IDITION DIRECTLY | | | | aneous In | tra-Ce | rebral | | |
| | (This does not mean th | | 0 | (A) IMMEDIATE C | AUSE VOLVEY | XXXXXF: HE | morrha | Ġ.O. | | |
| | heart failure, asthenia, a | etc. It meons the diseo | | WAZ KZNAS, ASANA | MAN AN ENTRE PERF | INZBIGLINGE: IIC | MOLLING | BC | | |
| | injury or complication w | men coosed deom.) | | | | | | | | |
| | ANTECEDEN | IT CAUSES | | (B) | | | | | | |
| | DISEASES OR COND | TIONS, IF ANY, GIVE | NG | (B) DUE TO, OR | AS A CONSEC | QUENCE OF: | | | | |
| 1 | RISE TO THE ABOVE O | | IHE | | | | | | | |
| ∥8 | | | | (c) | | | | | | |
| CERTIFICATION | OTHER SIGNIFICANT C | ONDITIONS CONTRI | PLITING | | | | | | | |
| | TO THE DEATH BUT N | OT RELATED TO THE T | ERMINAL | | | | | | | |
| ∥ ≝ | DISEASE OR CONDITIO | | | | | | | | | // |
| 115 | 20A. DATE OF OPERATION | ON 208. CONDING | ON FOR | WHICH OPERATION W | AS PERFORM | ED | | | 21. AUIO | PSY? (Yes or No) |
| | 2 | | | | | | | | Y | es |
| 1 | 22A. EXTERNAL CAUS | | 22B. | PLACE OF INJURY (e.g., | in or obout 2 | 2C. WHERE DID | (If in Boltimo | re City, give ex | oct location) | |
| | UNDERLYING OR CO | | home | , form, foctory, street, offic | e bldg., etc.) | AJURY OCCUR? | | | | |
| ≌ | 22D. TIME (Month) | | Hour) 2 | 2E.INJURY OCCURRED | 2 | 2F. HOW DID IN | JURY OCC | UR? | | |
| | OF INJURY | (, | - / | | WHILE | | | | | |
| | (APPROX.) | | m. V | VORK L AT W | ORK | | | | | |
| | 23. | | | | . 57 | 1.1. | | 1. 4. | | |
| | | held on Inquir | | Inspection Au | topsy X | ond that on t | this bosis, | deoth in my | opinion | |
| | resulted from: | Notural causes | A | ccident Suicio | le 📙 Ho | micide | Undetermi | ned monner | | |
| | //// | 1000 | | 4 | (| CHIEF MEDICAL | EXAMINER | | | DATE CICNIED |
| | ACTUAL | NNYV | 17 | M | ASSI | STANT MEDICAL | EXAMINER | X | | DATE SIGNED |
| | SIGNATURE | · · · · · · · · · · · · · · · · · · · | 1/. | M.D | | CIATE MEDICAL | EVALUATED | | | 2/11/69 |
| | EXAMINER'S NAME (Type) | Werner U. | Spit | z, M.D. | ASSO | CIATE MEDICAL | EXAMINEK | | | _,, |
| 24 | A. BURIAL CREMATION. | 24B, DATE | 24 | C. NAME of CEMETERY | or CREMATO |)RY 24D. | LOCATION | (City, tow | n, or county |) (Stote) |
| RE | MOVAL (Specify) | | | Baltimore 1 | | | Balt. | imore, | | ryland |
| | Burial | 2-14-69 | | | | | | | | 2 |
| 25 | A. DATE REC'D BY HEALT | | . NAME | OF REGISTRAR | | UNERAL DIRECT | | | ADDRESS | |
| 1 | SED 1 | 1000 00 | | 0 7 0 | MO | DTON S. I | THEFT | F H | 1701 1 | aurene S |

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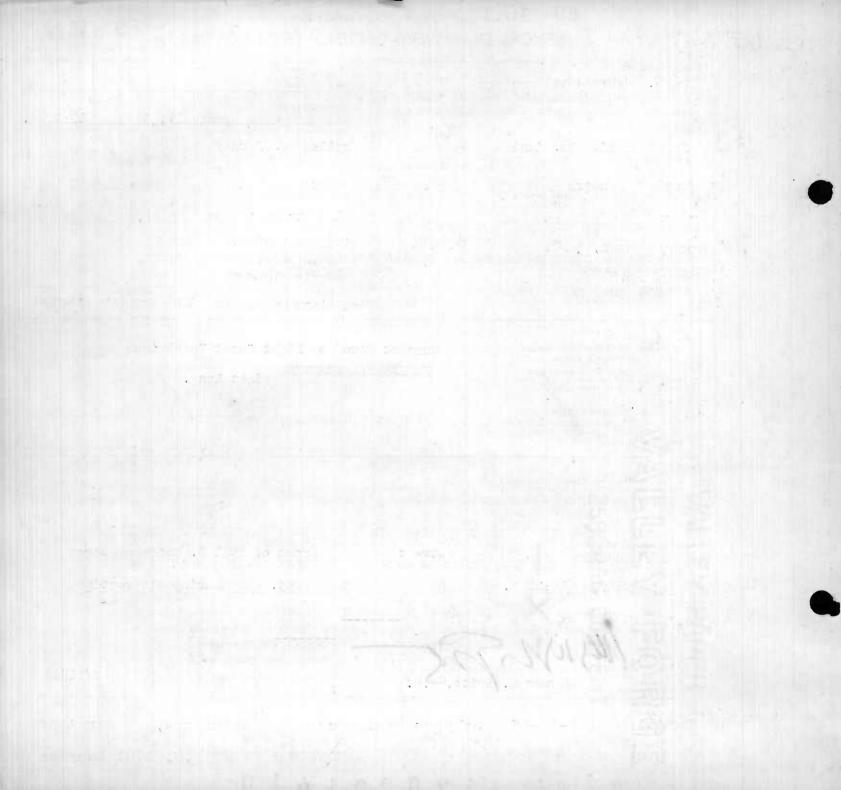
| | 69 16:0 BALTIMORE CITY HEALTH DEPARTMENT | |
|---------|--|-----|
| Ø BI | RTH NO. 69 1610 CERTIFICATE OF DEATH REG. NO. 69 1610 | |
| 1. | NAME OF DECEASED YPE OF Print) FELECIA SELPH (Felicia) 2. DATE AND HOUR OF DEATH YPE OF Print) FEB. 11 1969 1132 A | м. |
| F | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION) OC. CITY OR TOWN O. INSIDE CITY LIMITS? | n) |
| 12 | SINA) HOSPITAL ESTREET AND NUMBER | |
| L | 42 3801 WOODRIDGE Rd. 21229 | _ |
| | SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 8. Date of birthdoy 8. Da | _ |
| do | ALUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) One during most of working life, even if retired) NEW JERSEY 12. CITIZEN OF WHAT COUNTY NEW JERSEY | RY? |
| | NEMIAH SERPH CLARA GRAG | |
| | ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | 21 |
| | CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: | 8 |
| | injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the HNDERLYING CONDITION lost (B) COAGULATION DEFECT DUE TO, OR AS A CONSEQUENCE OF: (C) CHRONIC ACTIVE HERATITIS 1 Year | 16 |
| ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| CIPITOS | | |
| (| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | |
| 445 | 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) While At Not While Work (APPROX.) | |
| | 22. I certify that Machine has pital) attended the deceased from 2 9 19 67 to 19 67 to 19 67 that (Machine) (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an the deceased alive an 2 19 69 and that in (aur) apinion death accurred an arrangement and a 19 69 and that in (aur) apinion death accurred an arrangement arrangement and a 19 69 and that in (aur) arrangement arra | ote |
| | and hour and from the causes stated above. (A (We) (did) (did ot) view the body ofter death. | |
| | Stuart to duelluan DEGREE Phys. Med. Director Stuff 7 11 69 | |
| | STUART H. ISPIECMAN M.D. SINAI HOSP BALTO | |
| 2 | Surial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote) Surjal 2-15-69 South Carolin | A |
| 2 | SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS | C |



| 69 |) 1 | 6 | 200 | 1 |
|----|-----|---|-------|---|
| | _ | - | 5- CO | - |

| DIDZU NIC | | MED | ICAL | EAA | WIINER 2 | JEK HIFI | CAIL | DEA I | REG. NO | D | | |
|-------------------------|----------------------------------|----------------------------|-------------|-------------------|---|--|-------------------|-------------------|---------------|-----------------|---------------|----------|
| BIRTH NO. | CEASED | | | - | | 2. DATE | Knawn X | Month | Day | Year | Hour | |
| (Type or Print) | (A ros | thal | | | | OF | Estimoted | _ | Duy | 1601 | 11001 | |
| URETHA | | | EUBAN | | CED DEAD | DEATH 3. DATE | Estimoted | | Davi | Yeor | Hour | М. |
| . PLACE IN BAI | | | | | | | UNCED DEAD | Month | Doy | reor | 11001 | |
| OSPITAL | ADDRE | T IN HOSPITA SS OR LOCA | TION) | IUHON, C | SIAF 21KFF1 | | | Februa | | 1969 | 12:2 | V 44. |
| OR INSTITUTION | | | | | | | | here deceased li | B. COUNTY | | belare admis | sian) |
| Johns | Hopkins | Hospi | ital | | | KWAKKYX | XXX New | Jersey | B. COUNTY | V | an of | 7 |
| . SEX | 7. RACE | | B. MARRIE | ED NE | VER MARRIED | C. CITY OF | TOWN | | D. INSIDE | CITY LIMITS? | | |
| C - 1 - | | | WIDOWE | | DIVORCED 🛂 | NTON | | | | YES 🗌 | NO X | |
| female | neg | 10. AGE (II | | | Yr. If Under 24 Hrs. | | ark AND NUMBER | ? | | 162 | NO LA | |
| | | lost birthdo | y) A | Months : D | ays Haurs Min. | | | | | | | |
| 7-15-19 | | 4(| | O CITITI | 1105 | | | w Avenue | | | | |
| 1. BIRTHPLACE (| State or tareig | in country) | 1. | 2. CITIZI WHAT | | 13. FATHER | | Arno | | | | |
| Rocky M | | | | | CONNIEAS | | hard Th | | | | | |
| A.USUAL OCCL | JPATION (Giv | e kind of work | 148. KIND | OF BUSI | NESS OR INDUSTR | 15. MOTHE | R'S MAIDEN | NAME | | | | |
| Unemplo | yed | | | | | Ma | ttie Jo | ones | | | | |
| . WAS DECEAS | ED EVER IN | U.S. ARMED | FORCES? | 17. | SOCIAL | 18. INFOR | | | | ADDRESS | . 7 | |
| es, na ar unknown | (It yes, give v | var or dates | of service) | | SECURITY NO. | Mr. | Harris | Baker | 136 | Bragav | aven | ue |
| 19. | 100 | | | | CAUSE OF DEA | TH. | | | | | PPROXIMATE IN | |
| E 76 | 3 X I | | | | | | | | | BET | WEEN ONSET A | ND DEAT |
| DISEAS | SE OR COND | ITION DIRE | CTLY | | Gunshot | Wound | of Righ | t Chest | Involv: | ing | | |
| | LEADING TO | DEATH | | | | | | | | | | |
| | not meon the e, asthenia, etc | | | | (A) IMMEDIATE (| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ONE LA OF: | Right Lu | no | | | |
| injury or co | mplicotion whi | ch caused de | ath.) | | | | | KISHL LO | ing. | | | |
| | | | | | | | | | | | | |
| | NTECEDENT | | | | (B) | | | | | | | |
| | OR CONDITI | | | | DUE TO, OR | AS A CONSI | QUENCE OF: | | | | | |
| UNDERLYI | NG CONDIT | | IIIVO IIIL | | (c) | | | | | | | |
| OTHER SIGN TO THE DE | | | | | (0/ | | | | | | | |
| OTHER SIGN | NIFICANT CO | II ADITIONS C | ONTRIBUTI | NG | | | | | | | | |
| TO THE DE | ATH BUT NOT | RELATED TO | THE TERMIN | | | | | | | | | |
| | R CONDITION | | | OR WILL | CH OPERATION W | AS DEDECOR | AED | | | 21 ALITO | OPSY? (Yes o | or No) |
| ZVA. DATE O | r OPEKATIOI | V 206. COI | NUITION | OK WHI | LH OPERATION W | AS PERFOR | MED | | | ZI. AUI | DESTE (1000 | , |
| 06/ | | | | | | | | | | Ye | S | |
| | NAL CAUSE | | 2 | 2B. PLAC | E OF INJURY(e.g., n, factory, street, office | in ar about | 22C. WHERE D | ID (If in Baltime | re City, give | exact lacation) | X | -01 |
| | G ☑OR CON AUSE OF DEA | | | 101116, 10111 | street | o brag., cra., | | of 1921 | E. Hof: | fman St | | / |
| | | ay) (Yea | r) (Haur) |) 22E.IN | ITTRY OCCURRED | | | INJURY OCC | | | | |
| OF INJURY | 0/10/6 | 10 | 20 7 | WHILE | AT NOT | WHILE X | | alasta da | | 1+0-00+ | ion | |
| (APPROX.) | 2/10/69 | 9 10: | 30 P. r | m. WORK | L AT V | VORK X | subj. | shot du | iring a | rtercat | .1011 | |
| 23. | | | | 1 . | | RT | | Abia basi | don't | 1-1 | | |
| | tify that I h | | nquiry L | | 10 | tapsy X | | on this basis, | | | | |
| resul | Ited from: N | latural cau | ses 🔲 | Accid | ent Suici | de 📙 H | amicide X | | ined manne | - | | |
| | 1110 | 1 AIX | 1 | - | 7 | - | CHIEF MEDIC | AL EXAMINER | | | DATE SIGN | MED |
| ACTUAL | 111 | VIV | 11 | 1/ | W | ASS | ISTANT MEDIC | AL EXAMINER | X | | DAIE SIGI | AED |
| SIGNAT | | | 0 | 1 | M.E | > . | | | П | | 2/11/6 | 9 |
| EXAMIN NAME (| | Wern | er U. | Spita | M.D. | A55 | OCIAIE MEDIC | AL EXAMINER | | | 2/11/0 | |
| 4A. BURIAL CRE | | 48. DATE | • | 24C. N | AME of CEMETERY | or CREMAT | ORY I | 24D. LOCATION | (City, to | own, or count | (Sta | te) |
| EMOVAL (Spec | ify) | | | | | | | | | | | |
| Buria: | 1 | 2-14 | -69 | Ar | butus Mer | n. Par | k | Balt: | imore, | M | arylar | 1d |
| 25A. DATE REC'E | BY HEALTH | DEPTORO | 258. NA | | REGISTRAR | 25C. | FUNERAL DIR | ECTOR | Fill | ADDRESS | | |
| | PORTER AN | . 13U3 | 464 | حدثا 5 | - Stankey | MC | RTON & | DYETT | F.H. | 1701 | Laurer | 25 |
| | 14 | | | | | | | | | | | A half h |
| S 151-REV. 1/1/6 | 0 4 4 4 | 1000 | | | | | | 0 | | | | |

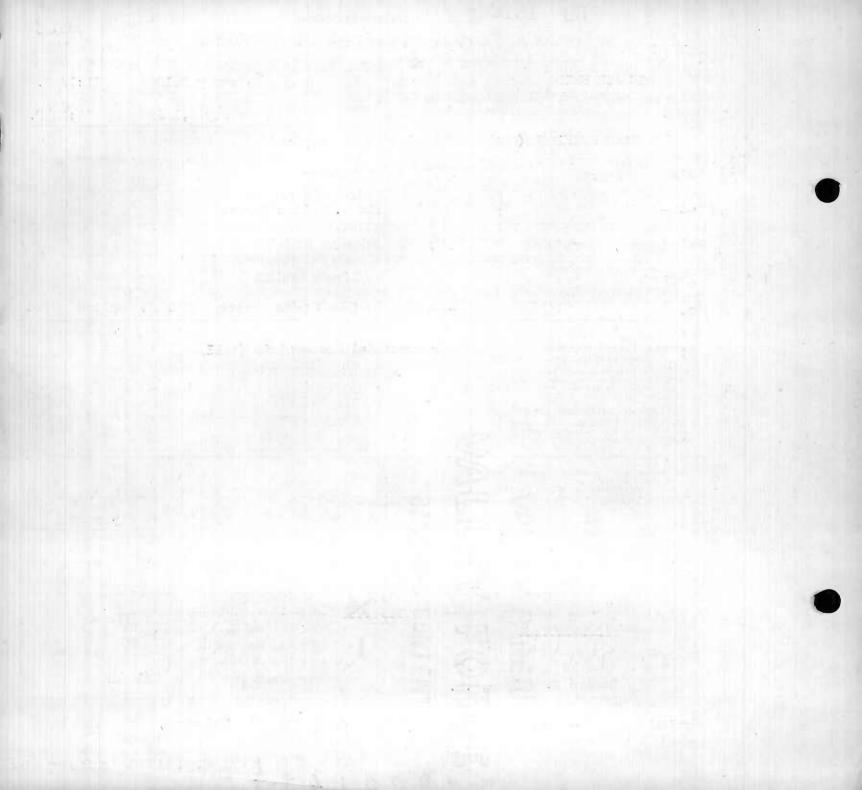
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69 1612

| BIRTH NO. \$23959 MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO. |
|--|---|
| 1. NAME OF DECEASED (Type or Print) MICHAEL SMITH | 2. DATE Known Manth Day Year Haur OF DEATH Estimated February 9,1969 12:30 P.M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION | 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD February 9, 1969 12:30 P. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| LUTHERAN HOSPITAL (DOA) | A. STATE Maryland B. COUNTY 16-04 |
| 6. SEX Male Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO |
| 9. DATE OF BIRTH 12-15-1968 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min Min | |
| Baltimore, Maryland 12. CITIZEN OF WHAT SOUNTRY? | 13. FATHER'S NAME Edward Knight |
| 14A.USUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS OR I | Linda Smith |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or doles of service) 17. SOCIAL SECURITY NO. | Miss Linda Smith 920 N. Fulton Ave. |
| LEADING TO DEATH (This does not meen the made of dying, e.g., heart loilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST. | CAUSE AS A CONSEQUENCE OF: BETWEEN ONSET AND DEATH SET WEEN ONSET AND DEATH AS A CONSEQUENCE OF: |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. the page of the page o | /AS PERFORMED 21. AUTOPSY? (Yes or No) yes , in ar about 22C. WHERE DID (If in 8altimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR? |
| m. WORK AT | 22F. HOW DID INJURY OCCUR? |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Accident Suici M. Accident | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/10/69 |
| 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 151-REV. 1/1/68 | MORTON & DYETT F.H. 1701 Laurens S |

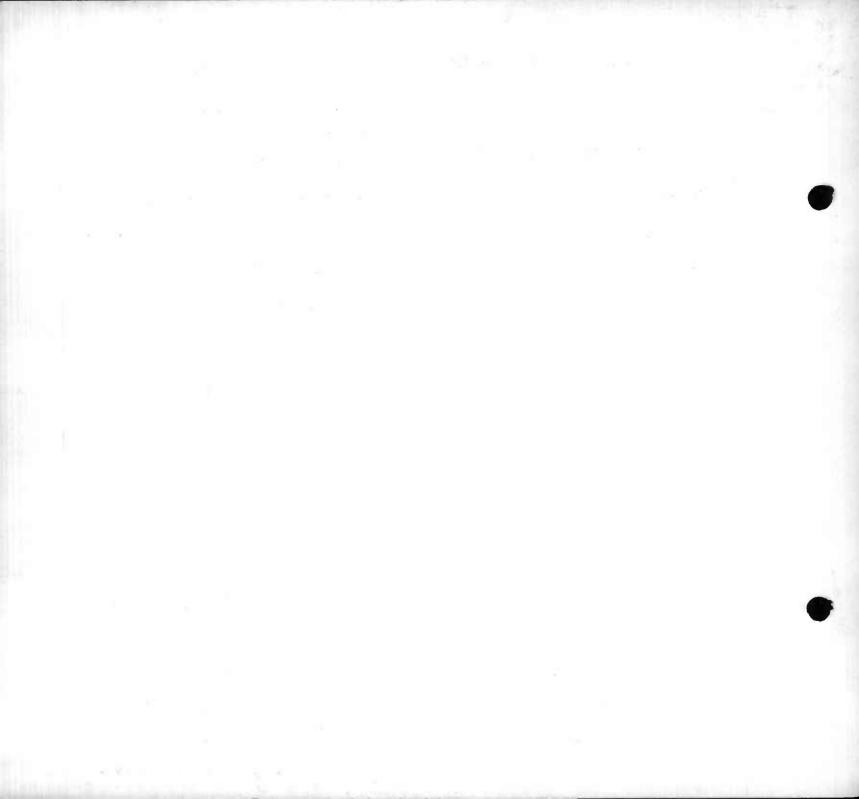
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VS 150-REV. 1/1/6B

Ca. Theopte as pay as a stored of the W Worland Pale Land and

| - | | DALTILLODE CITY | | | |
|-------------|--|--|--|---|---|
| 4 | 69 161 | 4 | HEALTH DEPARTMENT | REG. NO. | 69 1614 |
| | BIRTH NO. 1. NAME OF DECEASED | * CERTIFICA | TE OF DEATH | KEO. 110. | 1014 |
| | (Type or Print) Grace A. Pa | tterson | 2. DATE AND | 6 (0-19 | 969, 1220 P. |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (Where | deceased lived of insti | lution: residence before odmissian) |
| | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) | JTION, GIVE STREET | | imore | 15-09 ECITY LIMITS? |
| 1 | 3 | | Baltimore | | YES R NO |
| 3 | The Johns Hopkins Hospi | tal | E. STREET AND NUMBER 2400 Talbot | | |
| - | 5. SEX 6. RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. | AGE (In years | If Under 1 Yr Il Under 24 Hrs. |
| | Female Negro WIDOWED | | 8-21 -93 | /5 | Months Doys Hours Min. |
| 4 | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) HOUSewife | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign Baltimore, Man | | 12. CITIZEN OF WHAT COUNTRY |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | | 0.5.A. |
| | Addison Johnson | _ | | 5- | |
| | 15. Was Deceased Eyes in II. S. Amed Egypt 2 | 1 6. SOCIAL | Annie Elb | ert | Annance |
| | (Yes, na or unknown) (Uf yes, give wor or dotes of service) | SECURITY NO. | John E. Patters | con - 3220 D | ADDRESS |
| ∦ | 118. | CAUSE OF DEATH | | 3011 - 3220 D | |
| | DISEASE OR CONDITION DIRECTLY | CAUSE OF BEAT | | | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | (A)IMMEDIATE CAU | SE ASCUD | | |
| Ш | (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, | | CONSEQUENCE OF: | ****************************** | *************************************** |
| | injury or complication which coused death.) ANTECEDENT CAUSES | | 1. 4/ | 6.1 | ÷ |
| | DISEASES OR CONDITIONS, if ony, giving | (B) OR AS | llabetes mel | litys | |
| | rise to the above couse (A) stating the UNDERLYING CONDITION last. | (c) | A CONSEQUENCE OF: | | 250 |
| | - 11 | | | | |
| \parallel | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | |
| | DISEASE OF CONDITION GIVEN IN PART 1 (A). | HICH OPERATION | 20A. AUTOPSY? (Yes or No) | 208 IF YES WERE SIN | DINGS CONSIDERED |
| | WAS PERFORMED | | | 208, IF YES, WERE FINE IN CERTIFYING CAUSE | S OF DEATH? |
| - 11 | 2100 | PLACE OF INJURY (e.g., in farm, foctory, street, olfi | or obout 21 C. WHERE DID | (If In Boltimore C | lty, give exect location) |
| | | INJURY OCCURRED | 21F. HOW DID INJUI | RY OCCUR? | |
| | (APPROX.) Whit | Not While | | | |
| | 22. I certify that (i) this hospital) ottended th | | 1 Feb 19 | 67 to 1 | V Feb 1969 |
| | that (1) (we) lost saw the deceased alive on | 10 feb | 10 | | n death occurred on the date |
| 11 | and hour and from the couses stated above. | (We) (did) (did not) vi | | . () | |
| | 23A. SIGNATURE | 1.) | | 23 | B. DATE SIGNED |
| | 2/ Case | DEGREE Phys. | Director L Ph | off ys. | 2/10/69 |
| | 23C. PHYSICIANS NAME (Type) DA VID B. CECE | 2 M.D. | The Johns 1 | to bles | Koshine |
| 2 | AA. BURIAL CREMATION, 248. DATE 24C.NA. REMOVAL (Specify) | ME of CEMETERY OF CREA | MATORY 24D. LOC | ATION (City, 1 | lown, or Equaty) (State) |
| | Burial 2-15-69 Ca | rver Memorial | Park La | aurel, Maryla | and |
| 2 | SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF | REGISTRAR | 25C. FUNERAL DIRECTOR | . 000 11-31 | ADDRESS |
| | FEB 131969 (P. P. J. Z. | TO Washington | Charles R. La | w 802 Madis | on Ave. |
| V | S 150-REV. 1/1/68 | | 1 0 1 0 | | |

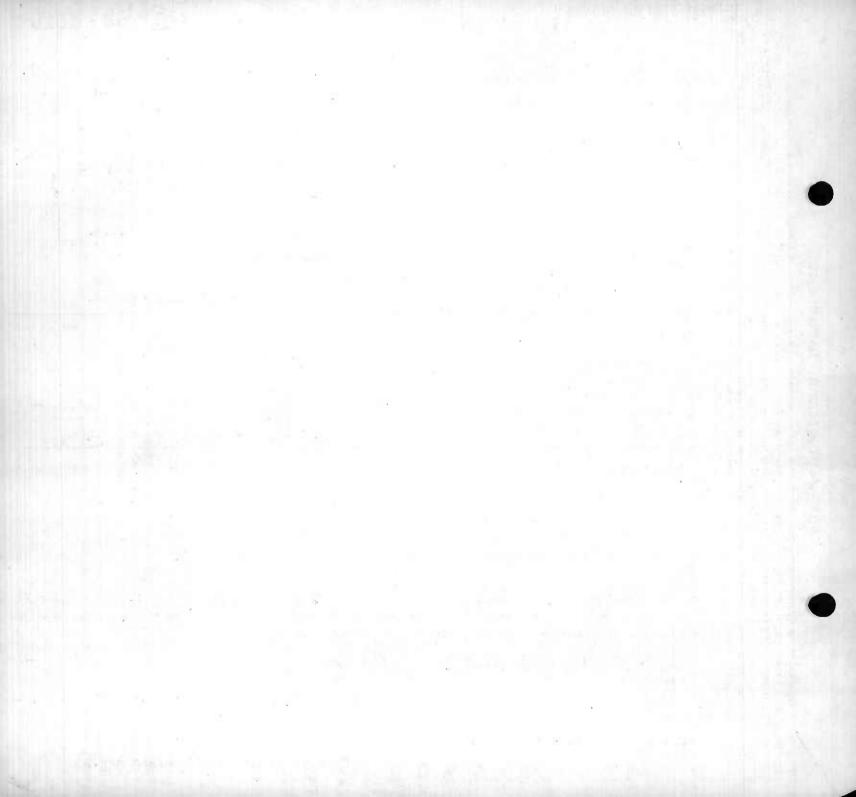


V\$ 150-REV. 1/1/68

| - | | | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 4015 |
|---|--|-------------------------|---|--|---------------------------------------|--|
| > | BIRTH NO. 69 | 161 | 5 CERTIFICA | TE OF DEATH | REG. NO | 69 1615 |
| 1 | 1. NAME OF DECEASED (Type or Print) BRUCE, T | OHNS | 011 | | ND HOUR OF DEATH | 1567,6:20 P |
| | 3. PLACE IN BALTIMORE, MARYLAND, | | | | ere deceased lived. If in | M. nstitution: residence before admission) |
| | FULL NAME OF HOSPITAL OR ADDRESS OR LO | ITAL OR INSTITE | UTION, GIVE STREET | Maryland c.ciny or rown Baltimore | | N-04 IDE CITY LIMITS? |
| | The Johns Hopkin | s Hospi | tal | E. STREET AND NUMBER 1109 N. CO | Llington A | venue |
| | 5. SEX 6. RACE Male Negro | WIDOWED | | 7-4-18 | 9. AOE (in years lost birthday) 50 | If Under 1 Yr. If Under 24 His. Months Doys Hours Min. |
| | 10A. USUAL OCCUPATION (Give kind of weddane during most of working life, even if refired NORKEL) | | BUSINESS OR INDUSTRY | SpartanBoro | | 12. CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NA | ME | |
| | Benjamin Johnson | | | Annie Steve | enson | |
| | 15. Was Deceased Ever in U. S. Armod F (Yas, na or unknown) (If yes, give wer or de | orces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| | Yes. WWII | los ol servicel | SECURITY NO. | Bruce Johnson | n , 4027 A | |
| | 18. 22 10 9 | | CAUSE OF DEATH | 1 | | APPROXIMATE INTERVAL |
| | DISEASE OR CONDITION E | | | | 1 - 2 - | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | - | (A) IMMEDIATE CAU | SE CARDIAC | HRRES | T 30 KIN |
| | iThis does not mean the made of heart failure, asthenio, etc. It mean | s the disease, | DUE TO, OR AS | A CONSEQUENCE OF: | | |
| | injury of complication which cause | | DROT | ARIE 1 | 4 7 | 30 MIN |
| | ANTECEDENT CAUSE | | (B) | A CONSEQUENCE OF: | (, <u>.</u> ., | 3 |
| | DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION last | any, giving stating the | (c) | A CONSEQUENCE OF: | | |
| | 11 | | (-/ | *************************************** | | |
| Ì | OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION OF THE PROPERTY | THE TERMINAL | *************************************** | | | |
| | 19A. DATE OF OPERATION 19B. CO WAS PE | NDITION FOR W | VHICH OPERATION | NO | IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? YES |
| | OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine) | 218, home | e, (arm, loctory, street, oil | or obout 21 C. WHERE DID ice bidg., INJURY OCCUR? | (If In Boltimor | e City, give exect location) |
| | OF INJURY (Month) (Doy) (Year | (Hour) 21E. | INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| | (APPROX) | Whil | Not While | | | |
| | 22. I certify that (1) (this hospita | | | al 10 | 1068 00 = | el 10 ,68 |
| | that (0 (we) lost saw the deceas | | 1-el 10 | (| 7 | nian death occurred an the date |
| | ond haur and from the causes st | ted above. (1) | (We) (did) (did nat) vi | | | |
| | 23A. SIGNATURE | 1) _ | | | | 23B, DATE SIGNED |
| | Jobe le So | 100 | After Phys. | ding Med. | Shaff Phys. | 1-el. 10,1569 |
| | 23C-PHYSICIAN'S NAME (Type) | 50000 | | 3D. ADDRESS | | |
| | 001071 | | DEGREE | The Johns H | lopkins Ho | spital |
| | 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) | | ME of CEMETERY OF CRE | | | ly, town, or county) (Stote) |
| | | | ltimorem Na | A STATE OF THE PARTY OF THE PAR | timore, M | aryland |
| | 25A, DATE REC'D BY HEALTH DEED UC | 25B NAME O | F REGISTRAR | Charles R. | | ADDRESS Madison Ave. |

De la la g

VS 150-REV. 1/1/68



R-200

69 1617

BALTIMORE CITY HEALTH DEPARTMENT

69 1617

| RII | RTH NO. | | MED | ICAL | EX | AMINER'S | CERTIFI | CATE | OF | DEAT | H REG. NO | | 1.0.1 | |
|---------|--|------------------|----------------------------|-----------|----------|--|-------------|-------------|-------------|----------------|--|------------|--------------|------------|
| 1. | NAME OF DEC | EASED | | | • | | 2. DATE | Known | X | Month | Doy | Yeor | Hour | |
| | pe or Print) | | ROTHY | | | | OF DEATH | Estimoted | d \square | 1 | 24 | 69 | 4:00 | PM |
| | | | | | | | 3. DATE | IINCED DEA | D | Month | Doy | Yeor | Hour | |
| HC | SPITAL | ADDRE | SS OR LOCA | TION) | TIUTIO | N, GIVE STREET | 5. USUAL F | | | | ed. If institution: | | | A IV |
| 1 | 38: | 29 Loch | Raven | B1vd | l. | | | arvlano | 1 | | B. COUNTY | 9 | -11 | 2, |
| 6. | | 7. RACE | | | | NEVER MARRIED | | - | | | D. INSIDE CIT | TY LIMITS? | S V | |
| ī | Temale | Whit | e | | | | Ba1 | to. | | | VE | · [] | NO | |
| _ | | | 10.AGE (In lost birthdo | y) | | ler 1 Yr. If Under 24 Hrs. | | | | D | | | | |
| 11. | BIRTHPL ACE (S | State or foreig | | | 12. CI | IZEN OF | | | I Ka | aven b | LVU. | | | |
| | | | , | | | | | | | | | | | |
| | | | | 14B. KIND | OF B | USINESS OR INDUSTR | Y 15. MOTHE | R'S MAIDEN | NA! | ΛĒ | | | | |
| | | | | | | SECURITY NO. | 18. INFOR | MANT | | | AC | DRESS | | |
| Г | 19. | 9 | | 1 | | CAUSE OF DEA | TH | | | | 7 | | | |
| | DISEAS | F OP COND | ITION DIRE | CTIV | | | | | | | | DETW | EEN ONSET | AND DEAT |
| | | | | CILI | | ANIMMEDIATE | CAUSE | 1 | Fati | v liv | er | | | |
| | heort foilure | , osthenio, etc. | . It meons the | diseose, | | | | | | | | | | |
| ı | | | CALLERS | | | | | | | | | | | |
| | | | | , GIVING | | (B) DUE TO, OR | AS A CONSE | QUENCE OF | : | w | ******* | | 14000000000v | |
| ı. | RISE TO THE | E ABOVE CAL | USE (A) STA | TING THE | | | | | | | | | | |
| NO O | | | | | | (C) | | | | | | | | ********** |
| FICATI | OTHER SIGN TO THE DEA DISEASE OR | IIFICANT CON | RELATED TO | THE TERMI | | # 200-00-00 to \$1 | | | | | ###################################### | | | |
| RT | 20A. DATE OF | | | | FOR V | WHICH OPERATION W | AS PERFOR | MED | | | | 21. AUTO | PSY? (Yes | or No) |
| Ü | 2 | | 10.0 | | | | | | | | | Part | ial | |
| DICAL | UNDERLYING | OR CON | TRIB- | | | | | | | (If in Boltimo | re City, give exo | | LUI | |
| ME | | | | r) (Hour |) [22 | E.INJURY OCCURRED | | 22F. HOW D | ID IN | JURY OCC | UR? | | | |
| | OF INJURY | | ., | | W | | | | | | | | | |
| | | 571 | | | m.[W | ORK L AT V | VORK | | _ | | | | | |
| | | ify that I he | eld on I | nquiry [| | Inspection P Au | topsy XX | ond that | on t | nis bosis, | deoth in my | oplnion | | |
| | DULY MAKE OF COPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3829 Loch Raven Blvd. SEX 7. RACE White Widowed DIVORCED Balto. YES NO O INSIDIE CITY LIMITS? YES NO IS BALTO. YES NO IS BALTO. YES NO IS BALTO. YES NO IS BALTO. YES NO DIVORCED Balto. YES NO ANAMED ANAME NO THE DEATH COUNTRY? IS BALTO. YES NO THE DEATH COUNTRY? IS ANAME WHAT COUNTRY? IS ANAME WHAT COUNTRY? IS ANAME WHAT COUNTRY? IS ANAMED FORCES? Sey, no or on known ()(if yes, give wor or doles of service) IS WAS DECEASED EVER IN U.S. ARMED FORCES? Sey, no or on known ()(if yes, give wor or doles of service) IS SASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the meeds of drying, each finered) which coused deeth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS IF ANY, QIVING BILLED TO THE TERMINAL DISEASE OR CONDITIONS AND INC. (C) DIVERS SASE OR CONDITIONS ON TABLE TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITIONS OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITION OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITION OF NO THE DEATH BUT NOT RELIATE TO THE TERMINAL DISEASE OR CONDITION OF NO THE DEATH BUT | | | | | | | | | | | | | |
| | | 0 | 1 | 1-1 | 1 | | | | | | | | | |
| | | J. | NS | 7 (| N | /1/ | ASS | ISTANT MED | ICAL E | XAMINER | xxx | | DATE SIG | NED |
| | | | | , , | <u> </u> | M.I | | OCIATE MEDI | ICAL F | XAMINER | П | | | |
| | and the second second second | | dward | F. Wi | .1sc | n, M.D. | | | | | 1 | 125/69 |). | |
| | | MATION, 2 | 4B. DATE | , | 240 | NAME of CEMETERY | | | | | | or And M | | ote) |
| 25 | A. DATE REC'D | | DEPT. | | AME | OF REGISTPAR U | NIVER | SIFYD | M | EDICA | L SCH | 001 | | |
| VS | 151-REV. 1/1/68 | 3 | 400 | 1 13 | 1. | 900 | 0 1 | A 1 | - | | | | | |

6

LOWI BOARD OF MARY AND CALL SCHOOL

| BIR | TH NO. NOR | th Care | Lina | ICAL | EXAM | AINER'S (| CERTIF | ICAT | E OF | DEA | TH REG. | NO | | | 0.1.0 |
|---------------|------------------------------------|------------------|---------------------------|-------------|--------------|------------------------|------------------------|----------|------------|---------------|---------------|-------------|-------------|--------------|---------|
| | NAME OF DEC | | BERNAR | D SHE | PARD, | JR. | 2. DATE OF DEATH | | noted 🗆 | Month Febr | cuary | 9, 19 | Yeor 969 | Hour | М. |
| 4. | PLACE IN BALT | IMORE, MA | RYLAND, W | HERE PRO | NOUNCE | D DEAD | 3. DATE | | | Month | Doy | | Yeor | Hour | |
| HO | L NAME OF SPITAL INSTITUTION | (IF NO | TIN HOSPITA SS OR LOCA | L OR INSTIT | UTION, GIV | 'E STREET | | RESIDENC | | | cuary | | 969 | 6:00 | M. |
| 1 | Torre | 1.1.1 | a | 77 | 1 | (004) | A. STATE | | | | B. COUN | | 1 | - 1 | 4 |
| 6 | | nklin 7. RACE | Square | | | (DOA) | C. CITY O | | yland | | In INSI | DE CITY | LIMITS? | -UA | |
| | | | | | | ER MARRIED | | | | | J. 11 (3) | | | | |
| - | lale | Negr | O IO. AGE (In | WIDOWE | | r. If Under 24 Hrs. | E. STREET | | imore | | | YES | | NO L | |
| | | | lost birthdo | | lonths Doy | Hours Min. | L. STREET | A140 140 | ,,,,oek | | | | | | |
| | 5-30-66 BIRTHPLACE (S | | 2 | 11: | . CITIZEN | i i | 13. FATHE | 1429 | Ward | Stre | et | | | | |
| | | | | | WHATC | OUNTRY? | | | | | | | | | |
| | North (| | | LAR KIND (| U.S. | A . SS OR INDUSTR | Ber | nard | Sher | ard_ | Sr. | | | | |
| | e during most of w | | | TAD. KIIAD | DE BOSIIVE | 33 OK 114D031K | | | | | | | | | |
| 14 | WAS DECEASE | D EVED IN | I C ADMED | FORCEST | 17. SC | OCIAL | Pre | Cilla | Plo | yd | | ADDF | DECC | | |
| | s, no or unknown) | | | | | CURITY NO. | | | Char | o ma | 1400 | | | | |
| - | 19. | | | | | CALLES OF DEA | | nard | puer | ar a | 1439 | War | | PROXIMATE IN | NTERVAL |
| | E 8 | 30 X | | | | CAUSE OF DEA | ın | | | | | | | VEEN ONSET A | |
| | | OR COND | | CTLY | | | | | | | | | | | |
| | | EADING TO | | ing e.g | | (A)IMMEDIATE | | Asphy | | | | | | | |
| | heart failure, | osthenio, etc. | . It means the | diseose, | | DUE TO, OR | AS A CONSE | QUENCE | OF: | | | | | | |
| ١. | injory or com | pirconon wine | | ,, | 4 | | | 0 1 | | 1 | | | | | |
| н | | TECEDENT | | | | (B) | 16 1 66116 | | n mon | oxiae | | | | | |
| | | ABOVE CAL | | | | DUE TO, OR | AS A CONS | EQUENCE | OF: | | | | | | |
| z | UNDERLYIN | IG CONDITI | ON LÁST. | | | (c) | | Conf 1 | lagrat | ion | | | | | |
| 유 | | | II | | | | | | | | | | | | |
| CERTIFICATION | TO THE DEA | IFICANT CON | RELATED TO | THE TERMIN | | | | | | | | | | | |
| E E | | OPERATION | | | OR WHICH | OPERATION W | AS PERFOR | MED | | | | 12 | 1. AUTC | PSY? (Yes | or No) |
| S | 2 | | | | | | | | | | | | | | |
| A. | 22A. EXTER | NAL CAUSE | WAS | 12: | B. PLACE | OF INJURY(e.g., | in or ohout | 22C WH | FRE DID (| If in Boltim | are City, air | ve exact le | | Vo | |
| S | UNDERLYING | OR CON | TRIB- | h | ome, form, f | foctory, street, offic | e bldg., etc.) | INJURY (| OCCUR? | | | of CAUCITY | 21- | 02 | |
| MEDI | UTING CA | | TH. (Yeor | r) (Hour) | - | house JRY occurred | | 1429 | Ward | Stre | et | - | | | |
| 1 | OF INJURY | , , | 4:30 | | WHILE AT | NO1 | WHILE X | 2 | | | | | | | |
| | (APPROX.) 2 | -9-69 | 5:00 | A . n | | L AT V | vork X | Four | nd in | burni | ng ho | use | | | |
| | | ify that I h | eld an I | nguiry _ | Inspe | ection X Au | topsy [| and | that on th | nis basis | , death i | n my ap | Inian | | |
| | | ed fram: N | | | Acciden | | | lomicide | | | ined mon | | | | |
| | 103011 | | 2 / | _ | Acciden | | | | MEDICAL E | | | | | | |
| 1/2 | ACTUAL SIGNATU | JRE_ | was | 1. | 1 | m.I.M. | D. AS | | MEDICAL E | | | | | DATE SIG | NED |
| | EXAMINI NAME (T | O. | harles | S. Sp | ringa | te, M.D. | ASS | OCIATE A | MEDICAL E | XAMINER | | Febr | uary | 9, 1 | 969 |
| 24 RF | A. BURIAL CREA MOVAL (Specif | AATION, 2 | 4B. DATE | | 24C. NAM | ME of CEMETERY | or CREMA | ORY | 24D. | LOCATIO | N (City | , town, o | r county |) (Sto | ote) |
| E | urial | " | 2-12- | -69 | Ar | butus 1 | femm F | ark | 111 | Arbi | utus, | Mar | yla | .nd | |
| 25 | A. DATE REC'D | BY HEALTH | DEPT. | 25B. NA | ME OF RE | GISTRAR | 25C | FUNERA | L DIRECTO | | | | RESS | | |
| | | 8 131 | 969 | 2 Pora AX | E.3 | arbeigna | C | harl | es A | . Ri | ce 6 | 61 V | V. E | arre | St. |
| VS | 151-REV. 1/1/68 | Nas | GX | 1 7 | 5 | 4 0 5 | 0 | 6 | 1 / | 1 | | | | | L |

maketh, later, but the resulted by

5-163

VS 1S1-REV, 1/1/68

69 1619 BALTIMORE CITY HEALTH DEPARTMENT 1619 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. NAME OF DECEASED 2. DATE Known S Month Hour (Type or Print) OF BERNETHIA SHEPARD February 9, 1969 Estimoted . DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF February 9, 1969 6:00 A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY (DOA) Maryland Franklin Square Hospital 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Female Negro Baltimore YES A WIDOWED DIVORCED NO 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years lost birthdoy) Months, Doys, Hours, Min. 3-16-68 10 24 1429 Ward Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland U .S.A Maryland U.S.A. Bernard Shepard

14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 1S. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Precilla Flovd 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SOCIAL 18. INFORMANT ADDRESS SECURITY NO. Bernard Shepard 1429 Ward St. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Carbon monoxide ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Conflagration OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL 重 DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY(e.g., in or obout home, form, foctory, street, office bldg., etc.) INJURY OCCUR?

1429 Ward Street EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 4 (Year) OF INTURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 2-9-69 5:00 (APPROX.) Found in burning house 23. Inspection X I certify that I held an Inquiry L Autopsy and that an this basis, death in my apinion Accident Y Suicide __ resulted fram: Natural causes Hamicide __ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. February 9, 1969 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 2-12-69 Maryland Arbutus Mem. Park Arbutus 2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS**

1

Charles A. Rice

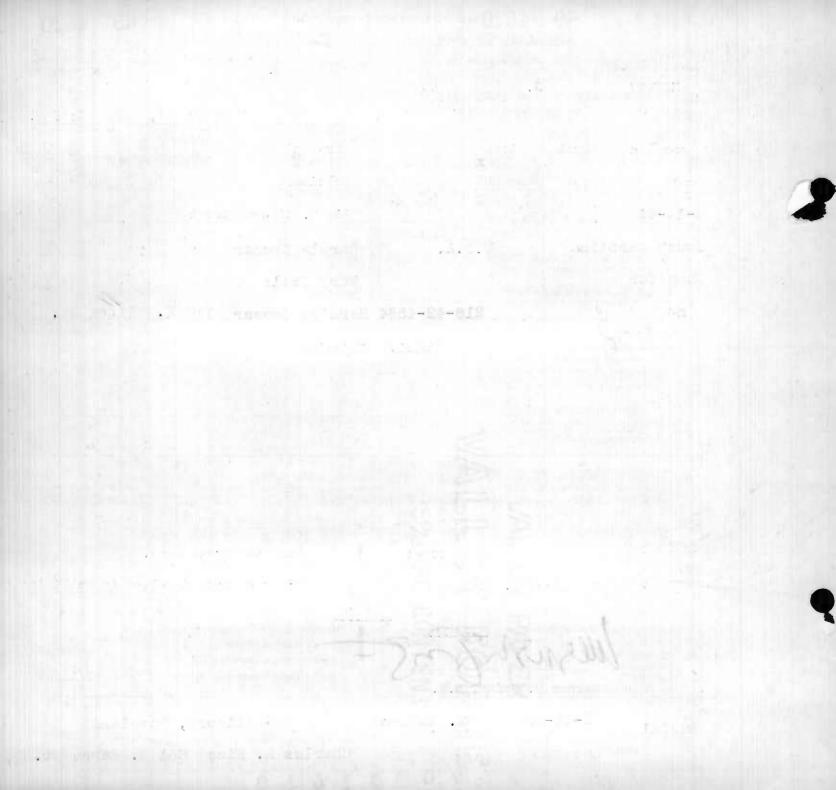
661 W. Barre St.

The second of the second second second

| MEDICAL EXAMINER'S | CERTIFICATE | OF | DEATH |
|--------------------|-------------|----|-------|
|--------------------|-------------|----|-------|

| BIRTH NO. | 71120 | | | | | | REG. NO | | | |
|--|---|--------------|--|-----------------------|---------------|----------------|-------------------------------|---------------|---------------|---------|
| NAME OF DECEASE | D | | | | Known 🔀 | Manth | Doy | Yeor | Hour | |
| Type or Print) | | т | COUSAR | OF DEATH | Estimated | | | | | M. |
| ERNEST PLACE IN BALTIMOR | E MARVIAND V | HERE PRO | | 3. DATE | | Month | Doy | Year | Hour | 141. |
| | | | UTION, GIVE STREET | PRONOUNC | ED DEAD | | | | 1 1 / 5 | |
| HOSPITAL | ADDRESS OR LOCA | TION) | OHON, OIVE STREET | | | | ary 11. | | | A M |
| OR INSTITUTION | | | | 5. USUAL RESID | ENCE (Where | | ed. If institution B. COUNTY | n: residence | befare admis | sion) |
| Maryland | General H | oenits | 1 | A. STATE Mary1 | and | | B. COUNTY | 9 | 03 | 17 |
| S. SEX 7. RA | | | | C. CITY OR TO | | | D. INSIDE C | ITY LIMITS? | | - |
| 7. KP | ICE | | D MEVER MARRIED | | | | | | | |
| male | negro | WIDOWE | DIVORCED | Balti | | | 1 | YES X | NO L | |
| DATE OF BIRTH | 10. AGE (In | | If Under 1 Yr. If Under 24 Hrs. | E. STREET AND | NUMBER | | | | | |
| 6-14-45 | last birthda 23 | y) / | Manths Days Haurs Min. | 110 N | . Hilto | n Stre | et | | | |
| 1. BIRTHPLACE (State o | | 1 | 2. CITIZEN OF | 13. FATHER'S N | | II DELC | | | | _ |
| I. BIKIMPLACE (State o | r tareign caunity) | | WHAT COUNTRY? | 15. FATTIER 5 IV | AINL | | | | | |
| South Car | olina | | U.S.A. | Carol | a Cous | ar | | | | |
| 4A.USUAL OCCUPATIO | N (Give kind af wark | 14B. KIND | OF BUSINESS OR INDUSTR | Y 15. MOTHER'S | MAIDEN NA | ΛE | | | | |
| ane during mast of working | j lite, even if retired) | | | | | | | | | |
| Chauffer | (ED INI II C ADME | FORGES | 117 COCIAL | IB. INFORMAN | Wells | | | ADDRESS | | |
| 6. WAS DECEASED EV | s, give wor or dates | of service) | 17. SOCIAL SECURITY NO. | IN THE UKMAN | | | | 120/533 | | |
| no | | , | 216-42-456 | Bernic | e Cous | ar 7 | 10 N. | | on St | |
| 19. | 2 | | CAUSE OF DEA | | | | | | PPROXIMATE IN | |
| E 8/95 | , U | | | | | | | BEI | WEEN UNSEL A | NU DEAT |
| DISEASE OR | CONDITION DIRE | CTLY | Multipl | e Injurie | S | | | | | |
| LEAD | ING TO DEATH | | (A)IMMEDIATE | CAUSE | | | | | | |
| (This does not me | an the mode of dy | ing, e.g., | | AS A CONSEQUEN | ICE OF: | | | | | |
| injury or complicat | enia, etc. It means the tion which caused de | ath.) | | | | | | | | |
| | | | | | | | | | | |
| ANTECE | EDENT CAUSES | | (B) | | | | | | | |
| DISEASES OR CO | ONDITIONS, IF AN | Y, GIVING | DUE TO, OR | AS A CONSEQUE | NCE OF: | | | | | |
| RISE TO THE ABO | OVE CAUSE (A) STA | TING THE | | | | | | | | |
| Z | ONDINON LAGI. | | (C) | | | | | | | |
| OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON 20A. DATE OF OPE | II | | | | | | | | | |
| OTHER SIGNIFICA | NI CONDITIONS C | | | | | | | | | |
| DISEASE OR CON | UT NOT RELATED TO | | VAL | | | | | | | |
| 20A. DATE OF OPE | | | OR WHICH OPERATION W | AS PERFORMED | | | | 21. AUT | OPSY? (Yes | or Na) |
| W S | | | | | | | | | ** | |
| -10/2 | | | | | | | | | Yes | |
| ✓ 22A. EXTERNAL O | CAUSE WAS | 2 | 2B. PLACE OF INJURY (e.g. ome, form, factory, street, offi | , in or obout 22C. | WHERE DID | (If in Baltimo | re City, give e | xoct location | -01 | |
| = Oldpryrillido Do | | ľ | | ce blag., erc.) II430 | | | th Ave | | | |
| UTING CAUSE (| | r) (Havr | street 22E.INJURY OCCURRED | 22F | HOW DID IN | | | | | |
| OF INJURY | | ry (navr | WHILE AT NO | TANHIE | | | | | | |
| (APPROX.) 2/10 | 0/69 11: | 25 P. | m. WORK AT | T WHILE X | Driver | of aut | o invo | lved i | n coll: | isio |
| 23. | | | | | | | | | | |
| I certify t | hot I held an I | nguiry | Inspection A | utopsy 💢 o | and that on t | his basis, | death in m | y apinlon | | |
| | 1 | | | | ا ماناه | Undatand | nad m | | | |
| resulted for | rom Notural cou | | Accident Suici | | | | ned monner | | | |
| | 11100 1 | . 8/1 | 7/ | CHI | EF MEDICAL | EXAMINER | | | DATE SIG | NED |
| ACTUAL | MUST | UYL | 1/57 | ASSISTA | NT MEDICAL | EXAMINER | XX | | DAIL 310 | |
| SIGNATURE_ | V | | - W | D. | TE MEDICAL | TV A AAIN IED | | | 2/11, | 169 |
| | T7 | II Cn | itz, M.D. | ASSOCIA | ATE MEDICAL | EXAMINEK | | | 2/11/ | 0) |
| EXAMINER'S | | 11. 50 | 1 1 64 . 171 . 17 . | | | | | | | |
| NAME (Type) | | | | COPILITORIA | Ta /= | LOCATION | 100 | |) 10. | Late |
| NAME (Type) | ON, 24B. DATE | | 24C. NAME of CEMETERY | or CREMATORY | 24D. | LOCATION | City, to | wn, or count | y) (Ste | ate) |
| NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify) | | | 24C. NAME of CEMETER | | | | | | | ate) |
| NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify) Burial | 248. DATE 2-14- | 69 | Mt. Aubur | n | Ва | ltimo | (City, to | aryla | | ote) |
| NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify) Burial | 24B. DATE 2-14- | 69 258, N | 24C. NAME of CEMETER | n 25C. FUN | Ba | ltimo | re, M | aryla: | nd | |
| NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify) Burial | 248. DATE 2-14- | 69 258, N | Mt. Aubur | n 25C. FUN | Ва | ltimo | re, M | aryla: | | |
| NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify) | 24B. DATE 2-14- | 69 258, N | Mt. Aubur | n 25C. FUN | Ba | ltimo | re, M | aryla: | nd | |





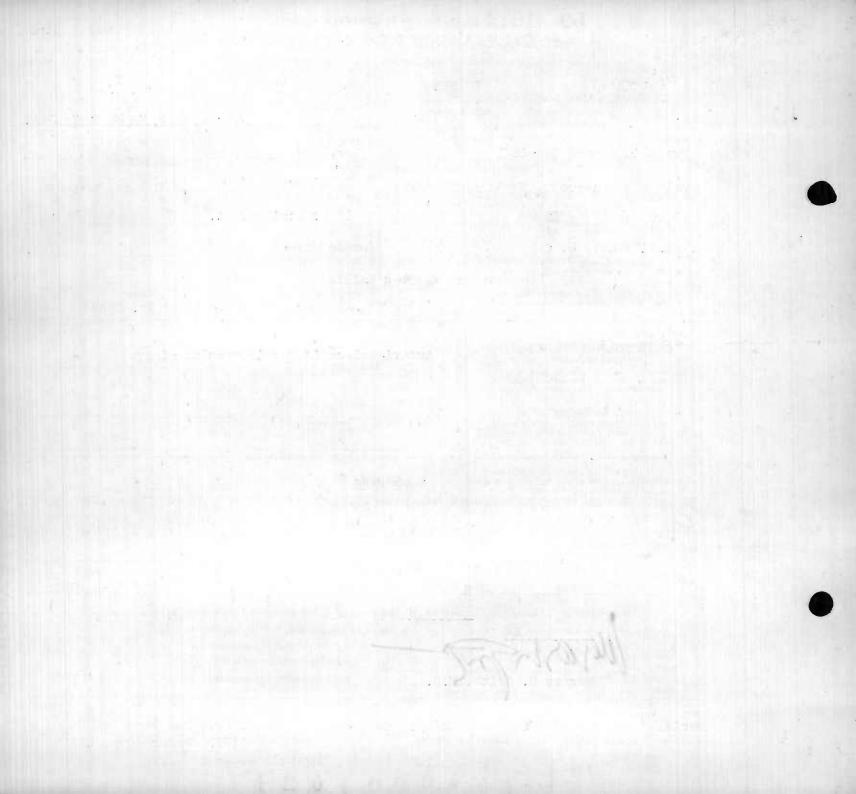
VS 150-REV. 1/1/68

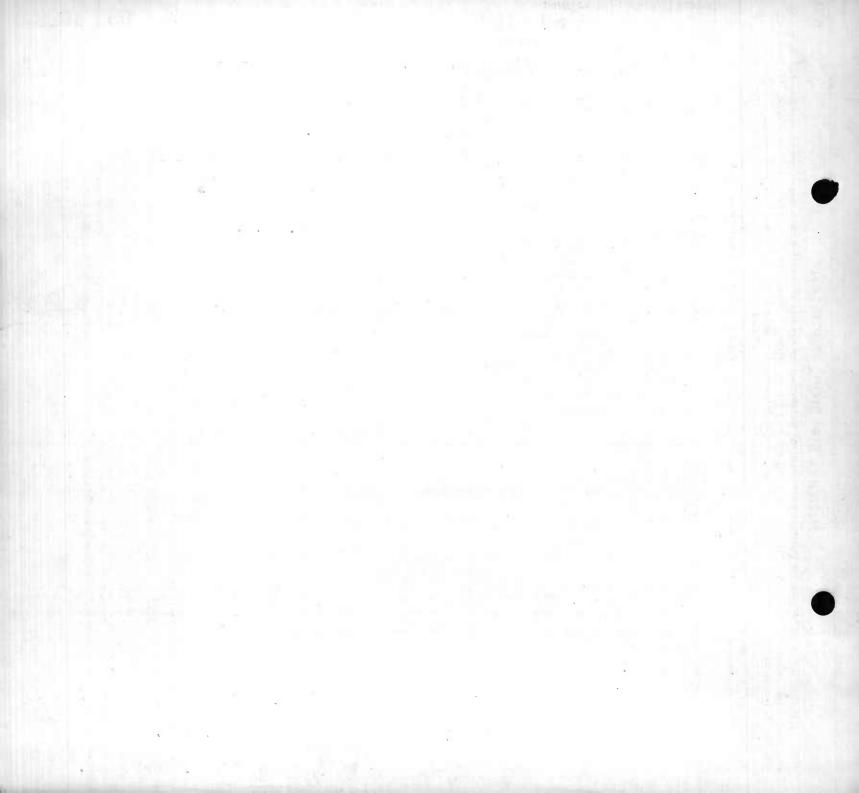


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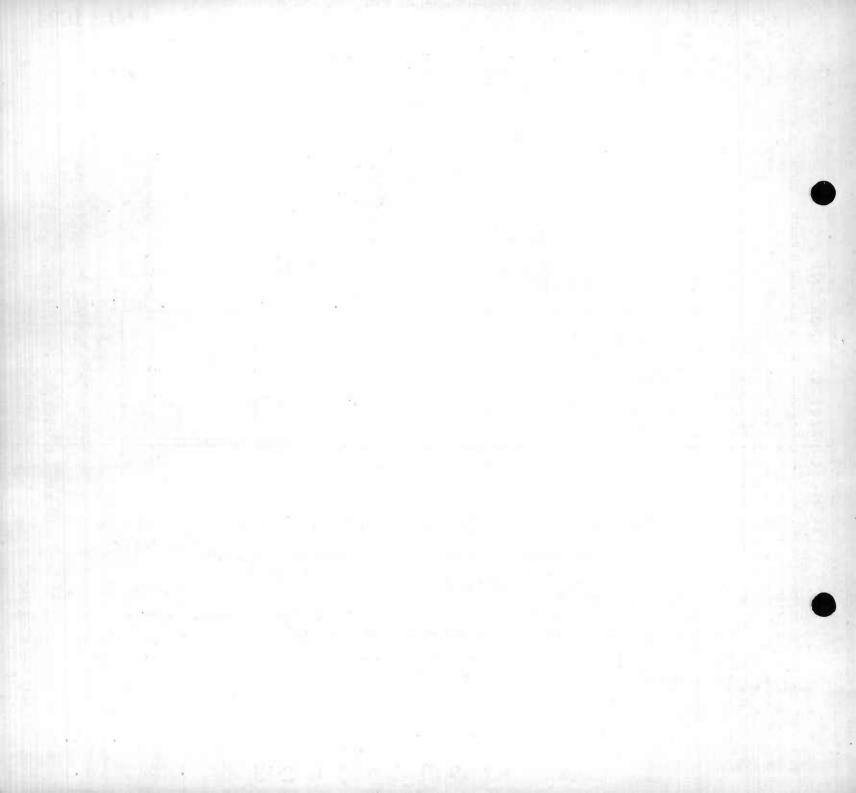
| MEDICAL EXAMINER'S C | CERTIFICATE OF DEATH REG. NO. |
|---|--|
| BIRTH NO. | REG. NO. |
| 1. NAME OF DECEASED | 2. DATE Known Month Doy Year Hour |
| (Type or Print) WALTER BARNES | OF DEATH Estimoted 🛣 |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Year Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | PRONOUNCED DEAD |
| HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | February 11, 1969 7:03 AM 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) |
| | A. STATE B. COUNTY |
| Franklin Square Hospital | Maryland 17-01 |
| 6. SEX 7. RACE B. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| male negro WIDOWED DIVORCED | Baltimore VES X NO |
| 9. DATE OF BIRTH TO. AGE (In years If Under 1 Yr. If Under 24 Hrs. | E. STREET AND NUMBER |
| 3-17-99 lost birthdoy) Months, Doys, Hours, Min. | 14 N. Stricker St. |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| Greenville Co., N. C. WHAT COUNTRY? | Jordan Barnes |
| | |
| 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) | |
| Laborer Longshoreman-Retired | Sallie Barnes |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | IB. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-05-5201 | Mary Barnes 14 N. Stricker St. 21223 |
| 19. CAUSE OF DEAT | TH APPROXIMATE INTERVAL |
| 7/2/7 | BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY Arterio | osclerotic Cardiovascular Disease |
| (A)IMMEDIATE C | AUSE |
| (This does not meon the mode of dying, e.g., heart follure, osthenio, etc. It meons the disease, | S A CONSEQUENCE OF: |
| injury or complication which coused death.) | |
| ANIXECEDENT CALICEC | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A | AS A CONSEQUENCE OF: |
| I KISE TO THE ABOVE CAUSE (A) STATING THE | |
| UNDERLYING CONDITION LAST. | |
| 9 | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL Emphys | sema |
| OF THE PRINCIPLE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS 2004. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS 2004. | AS PERFORMED 21. AUTOPSY? (Yes or No) |
| O | TEN ORNED |
| | No |
| | in or obout 22C. WHERE DID (If in Boltimore City, give exact location) |
| UNDERLYING OR CONTRIB- | s blogs, etc. / INDOKT OCCOK: |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| OF INJURY NOT | WHILE |
| m. WORK AT W | ORK |
| 23. | |
| I certify that I held an Inquiry Inspection X Au | topsy and that an this basis, death in my apinian |
| resulted from: Natural causes K Accident Suicid | e Hamicide Undetermined manner |
| | CHIEF MEDICAL EXAMINER |
| ACTUAL WWW. | ASSISTANT MEDICAL EXAMINER X |
| SIGNATURE M.D | |
| EXAMINER'S Werner U. Spitz, M.D. | ASSOCIATE MEDICAL EXAMINER \square 2/11/69 |
| NAME (Type) | |
| 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY | ar CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| Burial 2-14-1969 Mt. Calvary Co | emetery A.A. Co., Maryland |
| | |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR 1735 Harfor PDASS. 21213 |
| SFB 1 3 1909 (10) Landey MA | Marshall W. Jones, Jr. |

VS 151-REV. 1/1/6B





| done during most of working life, even if refired) William Part 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emly DeShields 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war at doles at service) 16. SOCIAL SECURITY NO. Mrs. Ruby Hardy 212 N. Dallas Ct. APPROXIMATE INTERVAL SETWEN ONSET AND DEATH (This does not mean the mode at dying, e.g., heat failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITION S CONTRIBUTING |
|--|
| INAME OF DECEASED INAME OF DECEASED IN ARY IN IN IN ARY IN ARY IN ARY IN ARY IN ARY IN IN ARY IN IN ARY IN ARY IN ARY IN ARY IN IN ARY IN IN ARY |
| FULL NAME OF ADDRESS OR LOCATION) FOR HOSTITAL OR ADDRESS OR LOCATION) STITUTION STATE ADDRESS OR LOCATION) S. SER ADDRESS OR LOCATION MARRIED NEVER MARRIED BALTIMORE S. SER ADDRESS OR LOCATION MIDOWED DIVORCED ADDRESS OR INDUSTRY ITO A USUAL OCCUPATION (Give kind of work log, kind of business or industry) ITO A USUAL OCCUPATION (Give kind of work log, kind of business or industry) ITO A USUAL OCCUPATION (Give kind of work log, kind of business or industry) ITO A USUAL OCCUPATION (Give kind of work log, kind of business or industry) ITO A USUAL OCCUPATION (Give kind of work log, kind of business or industry) ITO A USUAL OCCUPATION (Give kind of work log, k |
| BOSTALOR ADDRESS OR LOCATION) C.CITY OR TOWN BACTIMORE YES NO C.CITY OR TOWN BACTIMORE YES NO D. INSIDE CITY LIMITS? YES NO SACTIMORE YES NO D. INSIDE CITY LIMITS? YES NO LOCAL STREET AND NUMBER 13. DATE OF BIRTH P. AGE (In yeors lost of low yeors lost birtheday) Monthso Doys Hours Min. Monthso Doys Hours Monthso Doys Hours Min. Monthso Doys Hours Monthso Doys Hours Monthso Doys Hours Min. Monthso Doys Hours Min. Monthso Doys Hours Monthso |
| S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years to lost bindody 86 Months; Days Mont |
| S. SEX S. RACE |
| Divorced 1 83 lost birthdoy 86 Months Doys Hours Min, |
| done during most of working life, even if refired) Walter S NAME 14. MOTHER'S MAIDEN NAME Emly De Shields Emly De Shields SECURITY NO. 18. I |
| S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dotes of service) 18. |
| Mrs. Ruby Hardy 212 N. Dallas Ct. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heath failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE BETWEEN ONSET AND DEATH OF THE BETWEEN ONSET A |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heatt foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CONTRIBUTING |
| (This does not mean the mode of dying, e.g., heatt failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| heatt failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) |
| rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) |
| rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) |
| rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) |
| |
| |
| ☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ☐ DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes of No.) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 10 COUR? (If In Baltimare City, give exact location) for CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in ar about 12 C. WHERE DID 13 INJURY OCCUR? etc.) |
| 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work |
| 22. I certify that (1) (this haspital) attended the deceased fram 2 4 1969 to 2 6 1969 |
| that (1) (we) last saw the deceased alive an 2 6 1969 and that In(my) (our) opinion death occurred on the date |
| and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. |
| 23A, SIGNATURE 23B, DATE SIGNED |
| mesbahreddende, mo. Attending Med. Staff Director Phys. 2-6-69 |
| 23C. PHYSICIAN'S NAME (Type) MESBAH UD DOWLA MO ENVEH HOME AND HOSPITAL |
| QEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| Burial 2/10/69 Mt Calvary Cemetery Anne Arundel Cty., Md. |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS |
| Service State of Service Servi |





| 1 | CO 4000 BALTIMORE CIT | Y HEALTH DEPARTMENT 69 1626 | | |
|----------|---|--|--|--|
| 01 | 69 1626 CERTIFICA | ATE OF DEATH REG. NO. | | |
| 1. | NAME OF DECEASED | DATE AND HOUR OF DEATH | | |
| (1) | Collison, Geogeorge Thomas COLLISON | February 9, 1969 1730 A | | |
| 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | February 9, 1969 7 - A 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission A. STATE B. COUNTY | | |
| IN | JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | Plaryland, Baltmore 21-02 C. CITY OR TOWN D. INSIDE CITY LIMITS? | | |
| | eniversity Hospital, | Baltmore YES NO | | |
| _ | 22 S. Greene Street; Baltimore. Md. | E. STREET AND NUMBER 1244 Sargeant Street | | |
| 5. | SEX 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min. | | |
| | Male White WIDOWED ☐ DIVORCED ☐ | 5/9/95 73 | | |
| lo | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired) Bullding Contractor | u.s.AMd u.s.A. | | |
| 3. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | |
| | John J. Jankowski | Frances Wachowstick WACHOWIZ | | |
| ¥ e | Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY No. 20. Inknown (If yes, give wer at dates of service) 215 01 1889 | Mrs. Edith Carter - Rock Hall, Md | | |
| _ | 18. CAUSE OF DEAT | H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | ATTACANA NO DELANA | USE CHOMOMO. COLONIANO DO 18 | | |
| | (This does not meon the made at dying, e.g., heart failure, asthenia, etc. il means the disease. | USE CONSEQUENCE OF: | | |
| | injury as camplication which caused death.) | | | |
| | ANTECEDENT CAUSES | Chronic lunadisease - emphysema | | |
| | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS | Chronic lung disease - emphysema sa consequence of: triberculosis | | |
| | rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C) | triberculosis | | |
| | 11 | | | |
| AHON | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| | | *************************************** | | |
| CERTIFIC | 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| CEK | 21A. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INTURY (e.g.) | In or obout 21 C WHERE DID. | | |
| 1 | 218. PLACE OF INJURY (e.g., or | In or about 21 G. WHERE DID (If In Boltimore City, give exact location) | | |
| U O | 21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 215 HOW NID MILLIAN OCCUPA | | |
| MEDIC | OF INJURY (APPROX.) While At Not While | 21F. HOW DID INJURY OCCUR? | | |
| | Work At Work | | | |
| | 22. I certify that (I) (this hospital) attended the deceased from | February 4 19 69 to February 9 19 69 | | |
| | that (1) (we) last saw the deceased alive an Tebruary 9 | 19_69and that in(my) our) opinion death accurred on the da | | |
| | ond hour and fram the causes stated above (1) (We) (did) (did not) | view the bady ofter death. | | |
| | 23A_SIGNATURE | 23B, DATE SIGNED | | |
| | The Physical Progress Phy | ending Med. Staff Phys. F Feb. 9, 1969 | | |
| | 23 G. PHYSICIAM'S NAME (Type) | 23D. ADDRESS | | |
| | Judith F Curland | 22. J. Greene Street, Balt. Md. | | |
| 24 | A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR | | | |
| | Burial 2/12/1969 St. John s Cei | | | |
| 25 | A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | 250 TUNERAL DIRECTOR ADDRESS | | |
| | FALL & S 1969 Weller E. Johnson | Chestertown Md. | | |
| 1 | VII AND IN COLUMN TO THE PARTY OF THE PARTY | | | |



A CANADA CONTRACTOR OF THE STATE OF THE STATE OF THE SECOND OF THE STATE OF THE STA ALL VALUE OF THE REAL PROPERTY. Market , resident on the best breath

| | 69 162 | 75 | HEALTH DEPARTMENT | REG. NO. | 69 1628 |
|--|--|--|---|--|---|
| BIRTH NO. | Magdalene Do | CERTIFICA | TE OF DEATH | | |
| Type or Print) | Mrs. Leng. D | . Sheck | 2. DATE AN | uary 12, 1969 | 7 |
| 3. PLACE IN BALT | TIMORE, MARYLAND, WHERE PRONO | | 4. USUAL RESIDENCE (Whe | re deceased lived, If institu | |
| FULL NAME OF HOSPITAL OR | (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) | TUTION, GIVE STREET | Mary land | | 27-0 |
| | well Home = Hos | · 10 - | Balti mare | D. INSIDE | S NO |
| 35 Rat | wich Home & flos ti more Mol. | | E. STREET AND NUMBER | | |
| | | | 2804 White Nov | | |
| 5. SEX | 6. RACE WIDOWED | NEVER MARRIED | B. DATE OF BIRTH3/17/(| AGE (In yeors N | f Under 1 Yr. If Under lonths Doys Hours |
| 10A, USUAL OCCU | UPATION (Give kind of work 10B, KIND O | | | ign country) | 2. CITIZEN OF WHAT CO |
| 1 7 4 | working life, even if retired) | | Md. | | 1 U.S.A |
| 13. FATHER'S NAM | | | 14. MOTHER'S MAIDEN NA | ME | 1 |
| xxxx | KONTROCKISCHER Geor | ge Delker | XXXXXXXX | CHOCKNOWN Kat | herine Smith |
| | Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17 INFORMANT | | ADDRESS |
| No - | Till yes, give wor or other of servicer | 215-24-8061 | Charles W. Shore | kells (Mwb) 2 | Ballina |
| 18. | 1.0 | CAUSE OF DEAT | H | | APPROXIMATE IN |
| | e abave cause (A) stating the G CONDITION last. | (c) | | | *************************************** |
| | | | | | |
| A DISEASE OR CO | ONDITION GIVEN IN PART 1 (A). | WHICH OPERATION | 20 A. AUTOPSY? (Yes or No | 20B. IF YES, WERE FIN | DINGS CONSIDERED |
| 19A. DATE OF 2-7- | 0 (| Oha | | IN CERTIFYING CAUSE | S OF DEATH? |
| OR CONTRIBUTE | NT WAS UNDERLYING 211 UTING CAUSE OF hor medical examiner etc. | | in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? | (If In Baltimore C | ity, give exact location) |
| O 21 D. TIME | | E. INJURY OCCURRED | 21 F. HOW DID INJ | URY OCCUR? | |
| OF INJURY | | hile At Not Whi | le 🔲 | | |
| 22 1 | that (I) (this hospital) attended | | | 1969 10 2 | |
| ZZ. I certify | | | | 1 | 19 |
| 1 | lost saw the deceased alive an. | 2 2 | and Tr | at in(my) (our) apinio | 1.70 |
| that (I) (we) | d from the causes stated above. (| | | | in death occurred an |
| ond haur and | d from the causes stated above. (| (I) (We) (did) (dld nat) | view the body after death. | 23 | in death occurred an |
| ond haur and 23A. SIGNATUI | d from the causes stated above. (URE WSbahmel dank mp | (I) (We) (did) (dld nat) | ending Med. Directar | | in death occurred an |
| ond haur and | d from the causes stated above. (URE WAShahud dank mo | (1) (We) (did) (did nat) DEGREE AH | ending Med. Director 23D. ADDRESS | Shoff Phys. | BB. DATE SIGNED |
| ond haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty | d from the causes stated above. (JRE WSBAHUEL ANG MD NN'S (APPE) MESBAHUD-1 MATION, 1248. DATE 1246.N | (1) (We) (did) (did nat) DEGREE AH | ending Med. Size Director 23D. ADDRESS CHURCH HEME | SNOFF DE PLANS PI | 2.12.69 |
| that (I) (we) ond haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty 24A. BURIAL CREA | d from the causes stated above. (JRE WSbahnel dinks MD AN'S (APS) MESBAHUD-1 MATION, 248. DATE 24C.N Specify) | DOWLA MODEGREE Physics Amplification of CEMETERY of CE | ending Med. Director | Shoff Phys. 22 AND HOS PI OCATION (City, | 188. DATE SIGNED 2. 12.69 TAL town, or county) |
| that (I) (we) ond haur and 23A. SIGNATUI 23C. PHYSICIAL NAME (Ty 24A. BURIAL CREA REMOVAL (S) BURIAL | d from the causes stated above. (JRE WSbahnel dink MP MESDAHUD-1 MATION, 24B. DATE 24C.N Specify) 2/15/69 M | DOWLA MP HAME OF CEMETERY OF CE TO REGISTRAR | ending Med. Director | AND HOS PI OCATION (City, altimore, Mark | in death occurred an above the signed and a |
| ond haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty 24A. BURIAL CREA REMOVAL (S) BURIAL | d from the causes stated above. (JRE WSbahnel dink MD NN'S (ype) MESDAHUD-1 MATION, 248. DATE 24C. N Specify) 2/15/69 M | OOHLA MODEGREE OF CEMETERY OF CR | ending Med. Director | AND HOS PI OCATION (City, altimore, Mar | in death occurred and is a DATE SIGNED 2. 12.6 TAL town, or county) yland Address |

market dale no THE SEATH OF DIRECT MP CHURCH OTHER AND HOSPITALe The second secon

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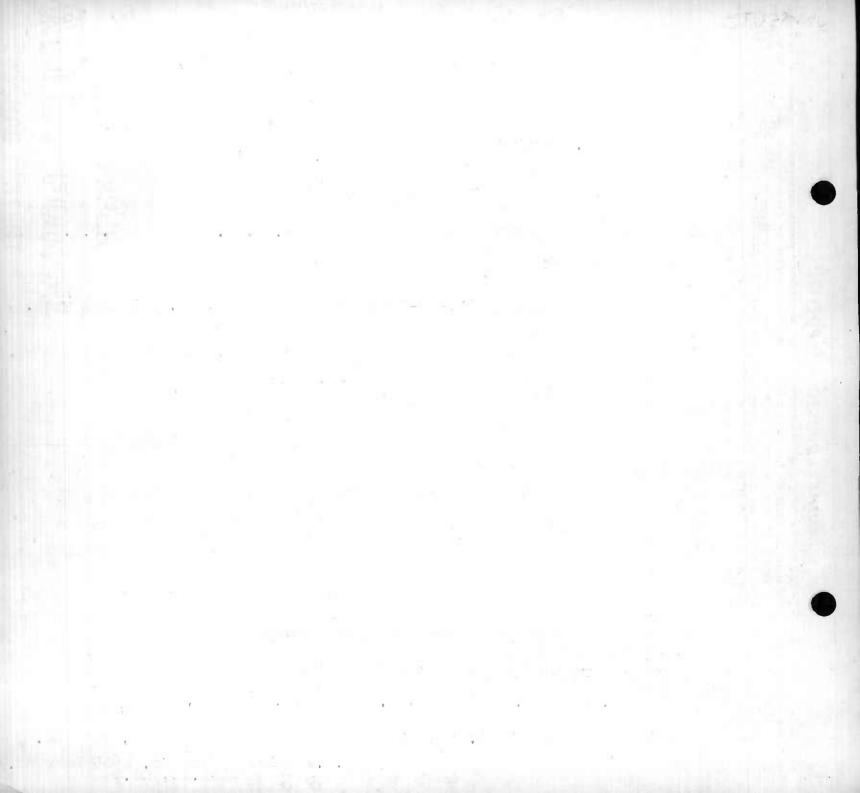
| CO 4004 BALTIMORE CITY | HEALTH DEPARTMENT |
|--|---|
| BIRTH NO. 69 1631 CERTIFICA | TE OF DEATH REG. NO. 69 1631 |
| NAME OF DECEASED | 2. DATE AND HOUR OF DEATH |
| Type or Printl Alice Wylie Swope | Feb. 10/1969 9 9 M. |
| B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) |
| | Maryland 27-// |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR NATITUTION GIVE STREET HOSPITAL OR INSTITUTION | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| STITUTION | Baltimore, 21210 YES NO |
| 20 Whitfield Road | E. STREET AND NUMBER |
| 20 will cite id hoad | 20 Whitfield Road |
| SEX 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs. |
| F WIDOWED N DIVORCED | 9/10/1885 lost birthing Months Doys Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY | |
| done during most of working life, even if retired) | Wannia and 3 |
| Homemaker Own Home | Maryland U.S.A. |
| 13. FATHER'S NAME | |
| William Alexander Wylie | Mary Simpson |
| S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT 14th Floor |
| | Mr.H.Vernon Eney, Mercantile Trust Bldg |
| No 212-09-4274 CAUSE OF DEATH | H APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEATH |
| LEADING TO DEATH | SE Cerebral arterior deroan 5 years |
| (This does not meon the mode of dying, e.g., DUE TO, OR AS | A CONSEQUENCE OF: |
| heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) | |
| ANTECEDENT CAUSES | |
| DISEASES OR CONDITIONS, if ony, giving (8) DUE TO, OR AS | A CONSEQUENCE OF: |
| rise to the obove couse (A) stoling the | |
| UNDERLYING CONDITION lost. (C) | |
| Z OTHER SIGNIFICANT COMPTIONS CONTRIBUTION | |
| O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i | IN CERTIFYING CAUSES OF DEATH? |
| | n or about 21 C. WHERE DID (If in Boltimore City, give exact location) |
| OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner) | lince bidg., INJURY OCCUR? |
| O | 21F, HOW DID INJURY OCCUR? |
| ₩ OF INJURY | |
| WOIK AT WOIK | |
| 22. I certify that (1) (this hospital) attended the deceased from | Chine 1946 to Feb 10 1969. |
| that (1) (we) lost saw the deceased alive on | |
| and hour and from the causes stated above (1) (We) (did) (did nat) v | |
| 23A. SIGNATURE | 23B. DATE SIGNED |
| Atte | ending Med. Stoff 9-11-19 |
| DEGREE Phy | 23D. ADDRESS |
| 23C. PHYSICIANS NAME (Type) Dr. Franklin E. Leslie | 302 E. 33rd St. |
| DEGREE | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI | EMATORY 24D. LOCATION (City, town, or county) (Stote) |
| Burial 2/12/69 Loudon Park | Baltimore Md. |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | H.W. Jenkins & Sons Co. 4905 York Rd. |
| FEB 13 1969 (F. Q. J. Q. T. Q. C. T. Q. T. Q | H.W.Jenkins & Sons Co. 4905 10Fk Rd. |
| | |

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Fire 10, 196 June 45

E. Fulle .

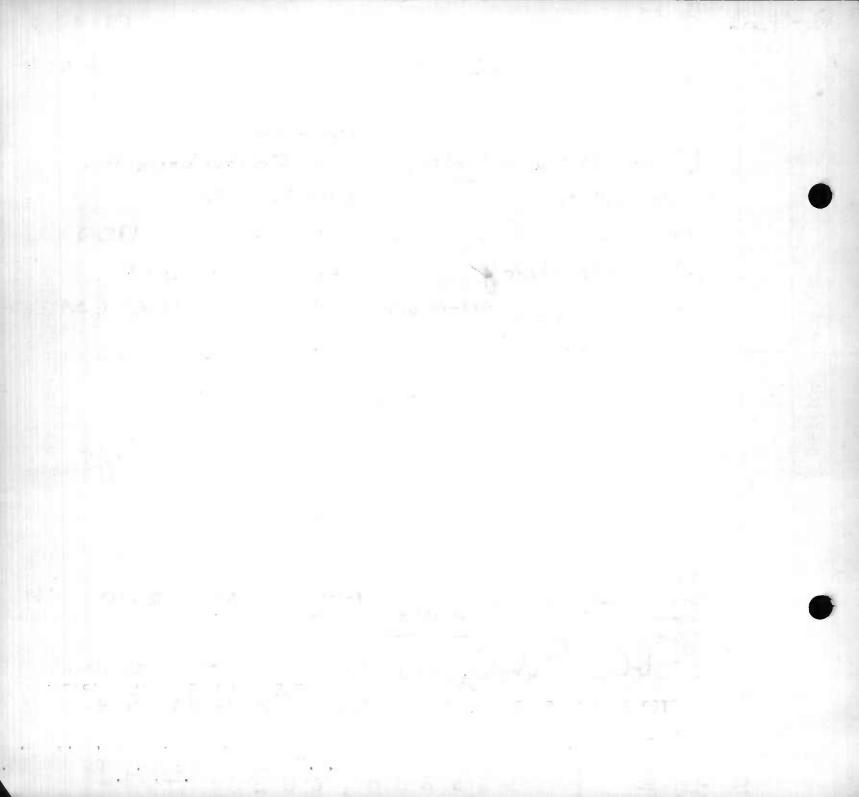
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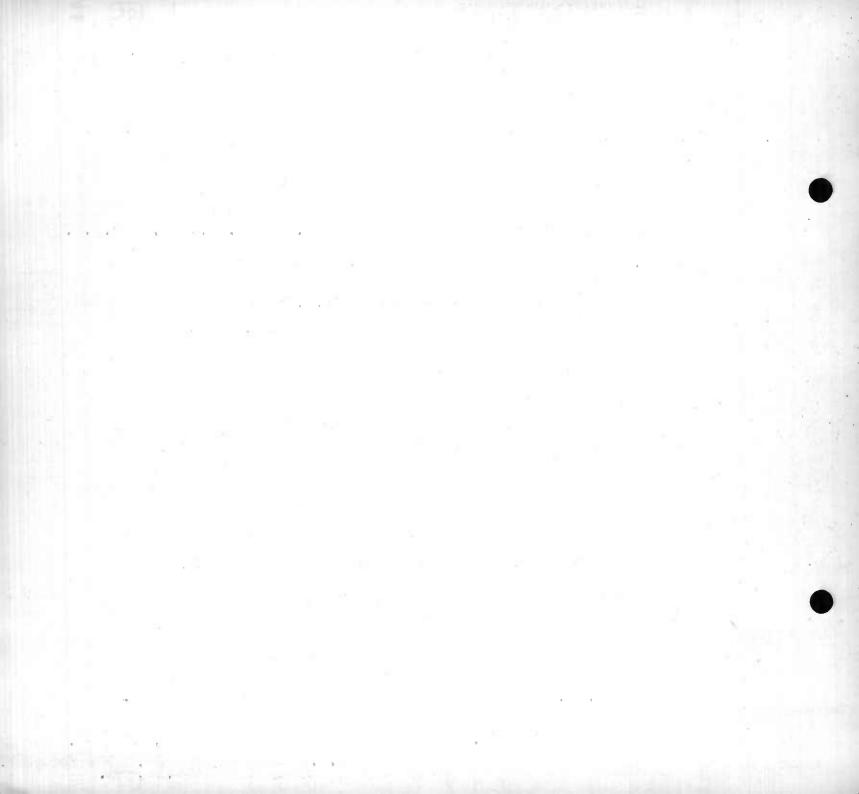
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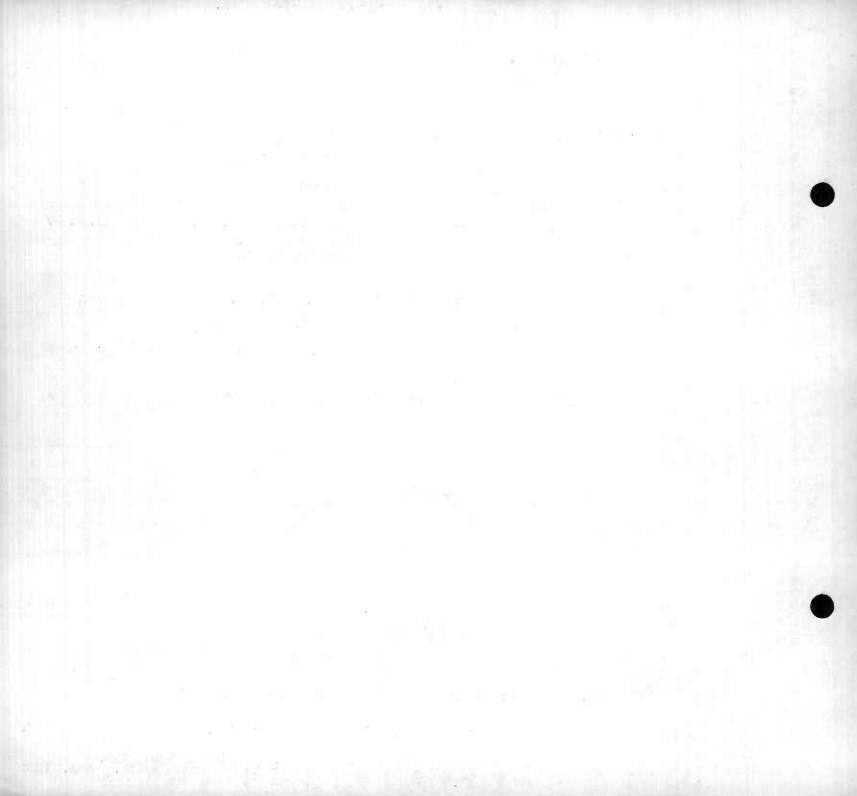
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT





| TOGO BALLIMORE CITY HE | 00 1036 |
|---|---|
| MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO. |
| . NAME OF DECEASED | 2. DATE Known 😾 Month Day Year Hour |
| Type or Print) SAILOR FITZGERALD | OF DEATH Estimoted 2 9 69 10:20a |
| PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Manth Day Year Hour |
| ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | PRONOUNCED DEAD February 9, 1969 10:20 |
| OSPITAL ADDRESS OR LOCATION) R INSTITUTION | February 9, 1969 10;20 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| | A. STATE B. COUNTY |
| Union Memorial Hospital D.O.A | A Maryland D. INSIDE CITY LIMITS? |
| MARKIED NEVER MARKIED | |
| Male White WIDOWED DIVORCED DIVORCED DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. | Balto. YES NO |
| Months, Days, Hours, Min. | E. STREET AND NOMBER |
| 7-11-1908 60 | 635 E. 35th St. |
| 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME |
| VIRGINIA U.S.A. | ALBERT J. FITZGERLD |
| AA.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR ane during mast of warking life, even if retired) | RY 15. MOTHER'S MAIDEN NAME |
| RIGGER METAL CO. | ESTHERLINE B. FITZGERALL |
| b. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. | 18. INFORMANT ADDRESS |
| NO 223-18-4905 | - RUTH FITZGERALD 6358 35 tol. St |
| 19. 44 44 1 Q . CAUSE OF DEA | ATH APPROXIMATE INTERV |
| DISTURBING OF STREET | BETWEEN ONSET AND DI |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Don't was a first transfer of the same of |
| (This does not mean the mode of dying, e.g., (A)IMMEDIATE DUE TO, OR | CAUSE Rupture of aortic aneurysm AS A CONSEQUENCE OF: |
| heart foilure, asthenia, etc. It meons the disease, injury or camplication which coused death.) | |
| | |
| ANTECEDENT CAUSES (B) | D. A.C. A. CONCEOURNER, O.F. |
| RISE TO THE ABOVE CAUSE (A) STATING THE | R AS A CONSEQUENCE OF: |
| UNDERLYING CONDITION LÁST. (C) | |
| ll ll | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| DISEASE OR CONDITION GIVEN IN PART I (A). | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | VAS PERFORMED 21. AUTOPSY? (Yes or No |
| | Partial |
| 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. | , in ar about 22C. WHERE DID (If in Boltimore City, give exact location) |
| UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | ice bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) WHILE AT NO | T WHILE |
| 23. | WORK U |
| I certify that I held an Inquiry Inspection PA | utapsy XX and that on this basis, death in my apinion |
| | ide Homicide Undetermined monner |
| Tessiles Hall Resident Solici | CHIEF MEDICAL EXAMINER |
| ACTUAL & (+ W) | DATE SIGNED |
| | ASSISTANT MEDICAL EXAMINER |
| SIGNATURE M.I | |
| SIGNATURE M.I | ASSOCIATE MEDICAL EXAMINER |
| SIGNATURE M.I EXAMINER'S NAME (Type) Edward F. Wilson, M.D. | ASSOCIATE MEDICAL EXAMINER 2/10/69 |
| SIGNATURE M.I EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | ASSOCIATE MEDICAL EXAMINER 2/10/69 Y or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| SIGNATURE M.I EXAMINER'S NAME (Type) Edward F. Wilson, M.D. AA. BURIAL CREMATION, 24B. DATE EMOVAL (Specify) 24C. NAME of CEMETERY | ASSOCIATE MEDICAL EXAMINER 2/10/69 Y or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| SIGNATURE EXAMINER'S NAME (Type) 4A. BURIAL CREMATION, EMOVAL (Specify) BURIAL (Specify) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY PARK WOOF | ASSOCIATE MEDICAL EXAMINER 2/10/69 Y OF CREMATORY 24D. LOCATION (City, town, or county) (State) P CEMETERY BALTIMORE /NARYLAND. |

The state of the s Seal Hellie Constant and the seal of the s

| | | CC | 100 | BALTIMORE CITY | HEALTH DEPARTMENT | | CO 400m |
|--|--|------------------------------------|----------------|-------------------------|-------------------------------------|------------------------------------|---|
| BI | RTH NO. | 69 | 163 | CERTIFICA | TE OF DEATH | REG. NO. | 69 1637 |
| 1. | Pe or Print) | JOH N | 20 | BALIK | | AND HOUR OF DEATH | 5.00 A.M. |
| 3. | PLACE IN BA | LTIMORE, MARYLAND, V | VHERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (VA. STATE B. CO | Where deceased lived. If in | nstitution: residence before odmission) |
| FLH | JLL NAME OF OSPITAL OR STITUTION | (IF NOT IN HOSPI ADDRESS OR LOC | TAL OR INSTIT | UTION, GIVE STREET | C. CITY OR TOWN | D. INS | IDE CITY LIMITS? |
| 3 | 35 0 | HURCH HOM | e AND | HOSPITAL | BALTI MO | | YES NO NO |
| | | Makell How | | 1-/////2 | | LUZEANE A | VE. |
| 5. | SEX | 6. RACE | | NEVER MARRIED | 12- 11-92 | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 10 | M USUAL OCC | W IIPATION (Give kind of wor | WIDOWED | | 17 1- 92 | 76 | 12, CITIZEN OF WHAT COUNTRY? |
| | ne during most of | working life, even if retired) | | Steel Co | ILL. | oreign country. | AMER |
| 13 | FATHER'S NA | JOSEPH ZU | BALIK | | 14. MOTHER'S MAIDEN | | |
| 10 | | d Ever in U. S. Armed Fo | | 1 6. SOCIAL | ROSE | FKLIMES | ADDRESS |
| Y | NO or unknown | (If yes, give wor or do | es of service) | SECURITY NO. 213 079488 | Ste Fania | ZUBALK 9 | 23 h. Luzernette |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CALCULAR CONSEQUENCE OF: (DIETO, OR AS A CONSEQUENCE OF: (DIE | | | | | | | |
| CAL | OR CONTRIB | UTING CAUSE OF y medical examiner | hon | | ffice bldg., INJURY OCCUR | , | |
| MEDI | 21 D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Year) | | ile At Not Whi | • 🗖 | INJURY OCCUR? | |
| | | that (1) (this haspita | | | min 24 | 19 69 to | Feb 12 1969 |
| | |) last sow the deceas | | 9 16 12 | 1 60 | | inlan death accurred an the dot |
| | | | ted abave. (| I) (We) (did) (did not) | view the bady after deat | th. | |
| | 23A. SIGNAT | More | un o | | ending Med. | Staff Phys. | 23B, DATE SIGNED FLB (2, 1969 |
| | 23C.PHYSICIA | Type) | CACION | DEGREE Phy | s. Director L 23D. ADDRESS | ver ame | - 405/ |
| 24 | BURIAL CRI | EMATION, 248. DATE | | AME of CEMETERY OF CR | ematory 240 | | ity, town, or county) (State) |
| 25 | | BY HEALTH DEPT. | 25B. NAME | OF REGISTRAR | 25C FONERAL DIRECT | TOR A LALL | ADDRESS |
| | 150-REV. 1/1 | 2 10 0 | | O T. Dun | The for | just 1211 | - vesteo 1000. |
| 110 | | | | | | | |

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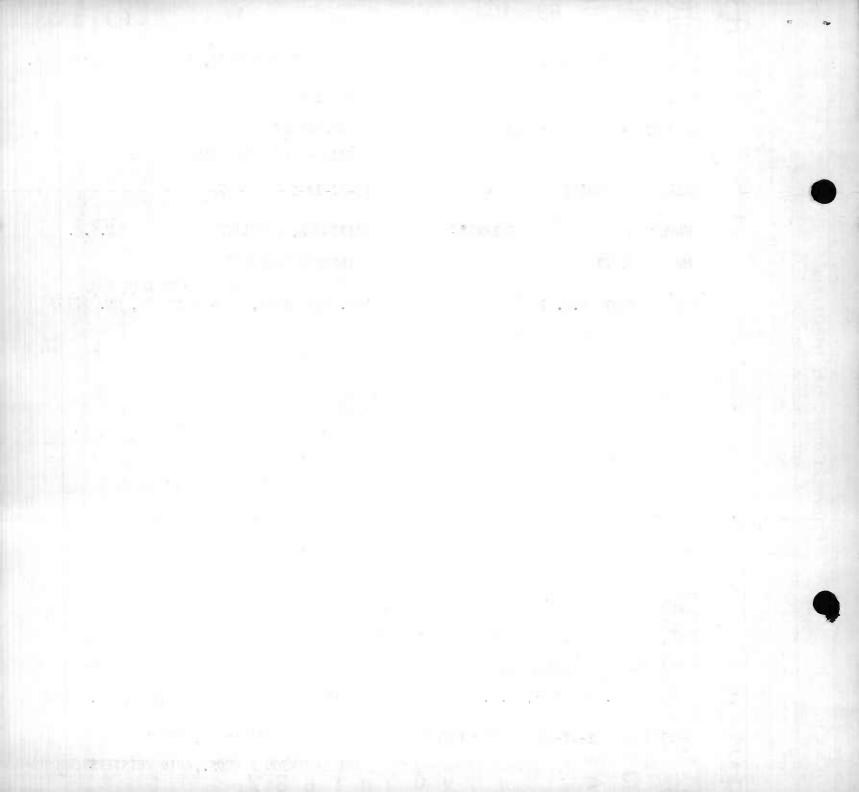
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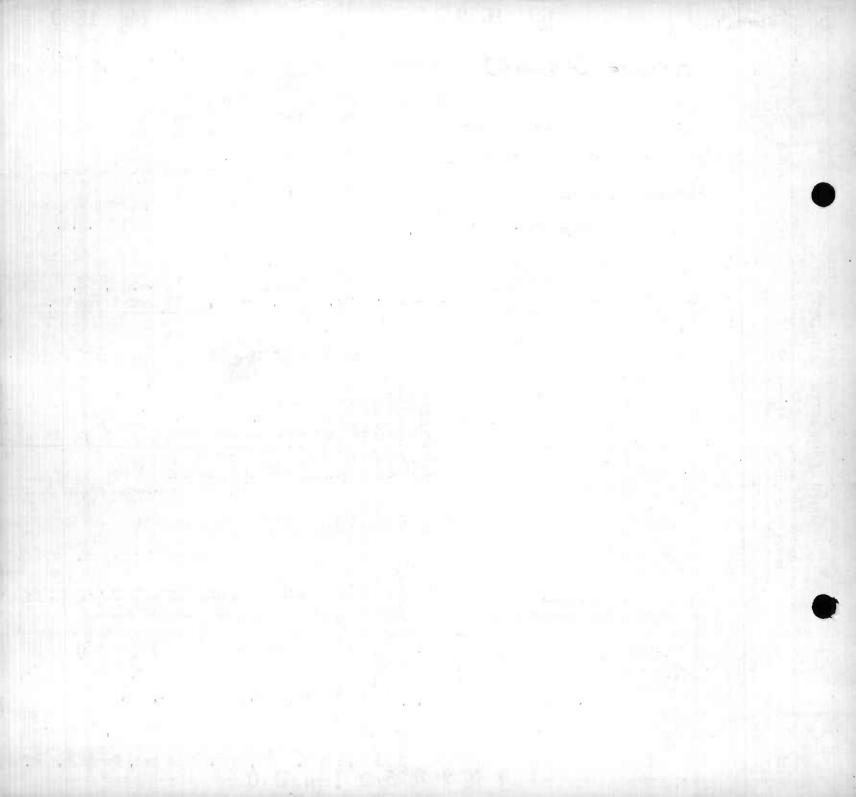
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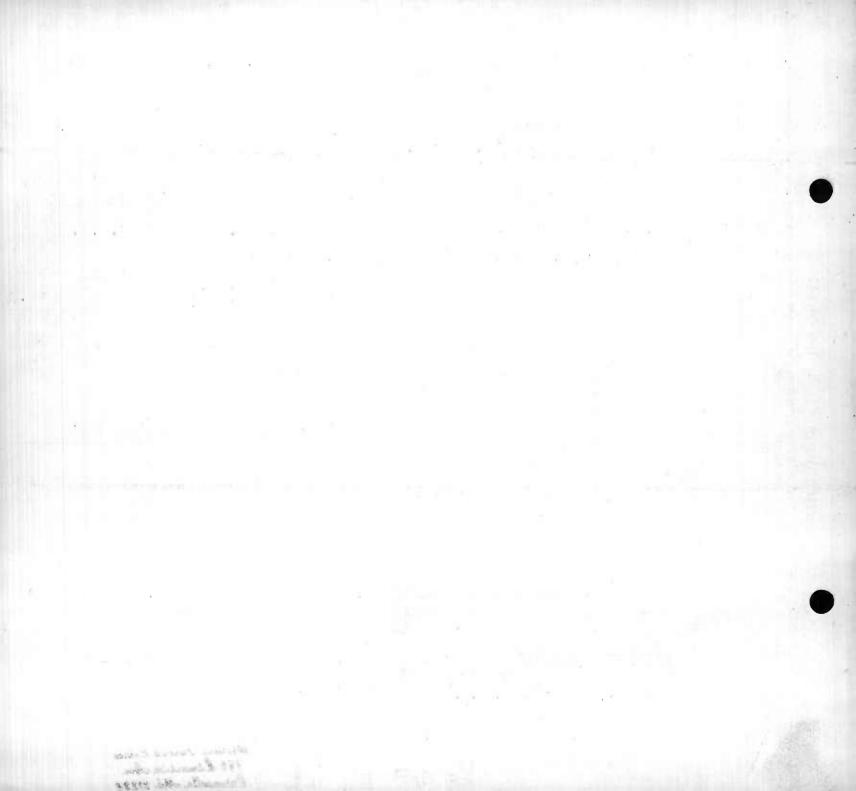
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BALTIMORE CITY HEALTH DEPARTMENT

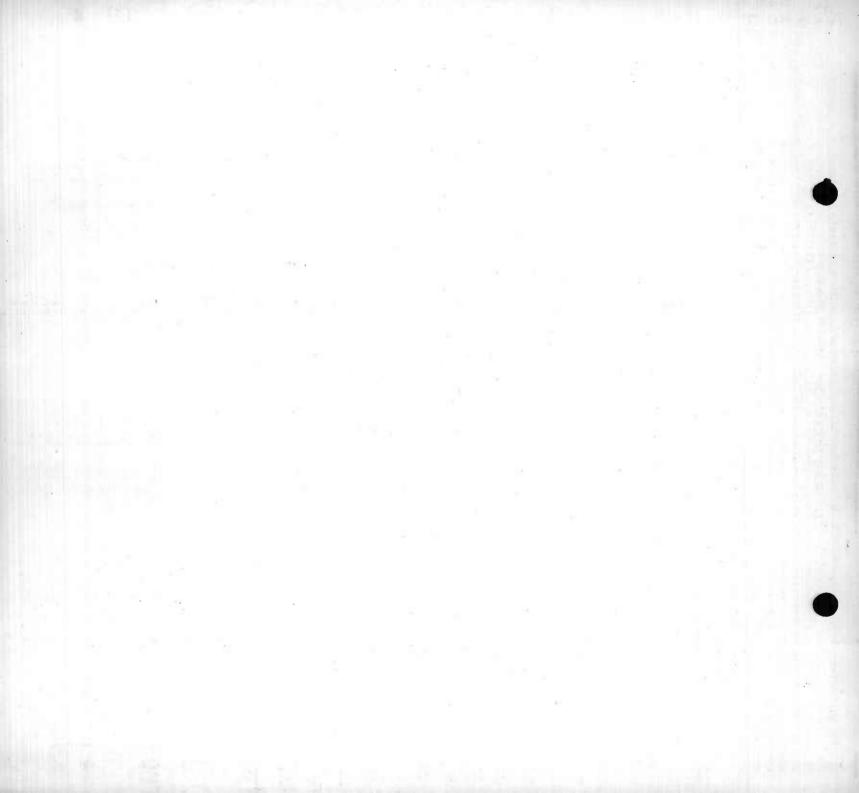


| | | CITY HEALTH DEPARTMENT | | | | |
|---------|--|--|--|--|--|--|
| DIDT | TH NO. 69 1640 CERTIFIC | CATE OF DEATH REG. NO. 69 1640 | | | | |
| 1. N | AME OF DECEASED | | | | | |
| Тур | Katie Magruder Winchest | er Feb. 10.1969 8.20 P. M. | | | | |
| 3. P | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 2. DATE AND HOUR OF DEATH Proposition of De | | | | |
| FIII | TENOT IN HOSPITAL OF INSTITUTION CIVE STREET | Maryland 18-54 | | | | |
| HO | LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | C. CITY OR TOWN D. INSIDE CITY LIMITS? | | | | |
| - | 234 Stonecroft Road | Baltimore YES NO \(\) | | | | |
| (| Baltimore, Md. 21229. | E. STREET AND NUMBER | | | | |
| | Battimore, Ma. 21229. | 234 Stonecroft Road | | | | |
| 5. S | MARKIED NEVER MARKIED | | | | | |
| F.E | emale White widowed Divorced | 12/6/1886 82 Yrs. | | | | |
| | . USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU | | | | | |
| HOR | e during most of working lile, even if retired) Housewife | Baltimore, Md. U.S.A. | | | | |
| 13. [| FATHER'S NAME | Baltimore, Md. U.S.A. | | | | |
| 0 | George D. Magruder | | | | | |
| | | Charlotte Brady 17. INFORMANT ADDRESS | | | | |
| Yes | s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | 234 Stonecroft Road - Palla | | | | |
| | No 220-44-92 | 274 Miss Katherine E. Winchester Ballo, MA | | | | |
| | 18. 774 X I CAUSE OF D | EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | DISEASE OR CONDITION DIRECTLY | A | | | | |
| | LEADING TO DEATH (This does not mean the made of dying e.g., (A) IMMEDIATE | CAUSE larguran of lever - Furalli | | | | |
| | LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) | | | | | |
| | 7 0000 | | | | | |
| | ANTECEDENT CAUSES (B) | | | | | |
| | DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the | | | | | |
| | UNDERLYING CONDITION lost. (C) and | woodste soulinementer deson 14 + | | | | |
| | 11 | | | | | |
| 0 | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | | |
| AT | DISEASE OR CONDITION GIVEN IN PART 1 (A). | 100A AUTOROUG (V. N.) NOOD IS NO | | | | |
| ERTIFIC | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | |
| CER | 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY | e.g., in or about 21C. WHERE DID (If in Soltimore City, give exact location) | | | | |
| _ | OR CONTRIBUTING CAUSE OF home, form, foctory, stree | the office bldg. INJURY OCCUR? | | | | |
| 2 | | | | | | |
| | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | | | | |
| < | (APPROX.) While At Work Not At V | While O | | | | |
| | 22. I certify that (I) (this hospital) attended the deceased from | Nov. 23 1966 to Feb. 10 1969, | | | | |
| | that (1) (wh) last saw the deceased alive on $2-10-69$ | 19and that in(my) (arr) opinion death occurred an the date | | | | |
| | ond hour ond from the couses stoted obave. (1) (We) (did) (did) | | | | | |
| | 23A. SIGNATURE | 238. DATE SIGNED | | | | |
| | asked lessen I had | Attending Med. Staff C | | | | |
| | 23C. HYSICIAN'S | Phys. LX Director Phys. L | | | | |
| | NAME (Type) | 1009 Frederick Road | | | | |
| | DE- | GREE | | | | |
| 24A | REMOVAL (Specify) 248. DATE 24C, NAME of CEMETERY of | CREMATORY 24D. LOCATION (City, town, or county) (Stote) | | | | |
| | Burial 2/13/69 Loudon Park | Cemetery Baltimore, Maryland | | | | |
| 25A | DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR Service Superal Salah ADDRESS | | | | |
| | PEB LA 1303 Ologouts E. Stallout | 190 Edmondson Ave. | | | | |
| S | 150-REV. 1/1/68 | Columnia de seco | | | | |

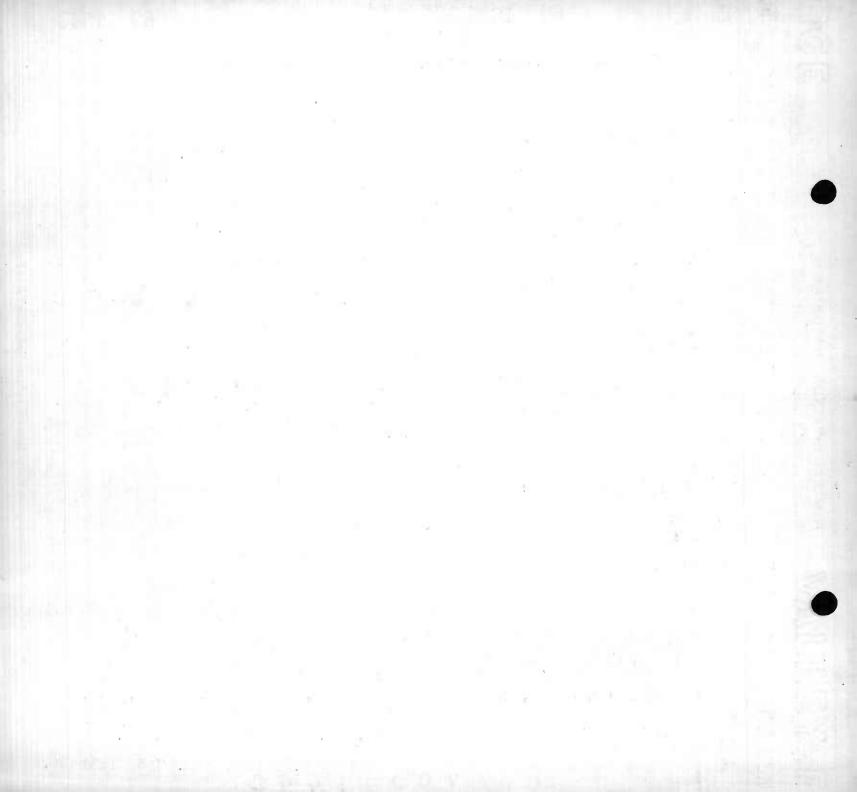


| 69 1641 BAL | RTIFICATE OF DEATH REG. NO. 69 1641 |
|---|--|
| | RTIFICATE OF DEATH REG. NO. 1041 |
| BIRTH NO. 1. NAME OF DECEASED (Type or Print) Lillian Lee Topolnicki 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV | Feb. 11, 1969 12 noon M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE | AD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN INSTITUTION ADDRESS OR LOCATION) | Md. BALTO 53-00 |
| US Public Health Service Hospital | Beltimore ESSEX D. INSIDE CITY LIMITS? YES NO [4] |
| 3100 Wyman Parkway | E. STREET AND NUMBER 2201 Hawthorne Road |
| 5. SEX 6. RACE 7. MARRIED NEVER | MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. |
| WIDOWED DI | IVORCED 12/6/16 Idst Dirthdoy) Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if refired) HOUSEWIfe | OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Md. USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | 0_5714 Annie Addison |
| No -221- | Records US PHS Hospital, Balto, Md. |
| | SE OF DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | BETWEEN ONSET AND DEATH |
| (This does not mean the mode of dving, e.g. (A)! | MMEDIATE CAUSE Bronchopneumonia Unknown DUE TO, OR AS A CONSEQUENCE OF: |
| heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) | UE TO, OK AS A CONSEQUENCE OF: |
| ANTECEDENT CAUSES | Cachexia |
| DISEASES OR CONDITIONS, if gay, giving (B) | UE TO, OR AS A CONSEQUENCE OF: Months |
| rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) | Chronic renal disease Years |
| 11 | *************************************** |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| S DISEASE OR CONDITION GIVEN IN PART 1 (A). | P##################################### |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198. CONDITION FOR WHICH OPER WAS PERFORMED | RATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | INTURY (e.g. in or should) C. WHERE DID. |
| OR CONTRIBUTING CAUSE OF home, form, faction of DEATH (notify medical examined) | INJURY (e.g., in or about 21 Cs. WHERE DID (If in Baltimore City, give exact location) lary, street, affice bidg., INJURY OCCUR? |
| O 21D-TIME (Month) (Day) (Year) (Hand 215 In Huny of | CCURRED 21F. HOW DID INJURY OCCUR? |
| ITAPPROXI | Not While At Work |
| Work L | |
| 22. 1 certify that (1) (this hospital) attended the deceased that (1) (we) last saw the deceased alive on Feb. | |
| that (N (we) last saw the deceased alive on Feb | |
| and hour and from the causes stated above. (1) (We) (did) |) (of of plot) view the body after death. |
| 1 1000 C adoc 1111 | Attending Med. Staff 5-2 |
| 23G.PHYSICIAN'S | DEGREE Phys. Director Phys. 2/11/69 |
| 23C-PHYSICIAN'S NAME (Type | 23D. ADDRESS U.S. DUS Hognital Bolto Md |
| Walter F. Oster, Surgeon (R) | US PHS Hospital, Balto, Md. |
| REMOVAL (Specify) | LETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| BURIAL 1/4/69 HOLLY 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAL | |
| TOWN NAME OF REGISTRAN | The state of the s |
| /S 150-REV. 1/1/68 | J. G. CONNELLY SONS MACH |





169 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mr. Junies Gauthreaux 1419 Dundalk BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If in Boltimore City, give exoct location) and that in (my) (aur) apinion death accurred on the date 238. DATE SIGNED Baltimore, Md. 21205 (City, town, or county) Glen Burnie. Md. F. DENNY, INC. 715 Light St.



| 69 1644 BALTIM | ORE CITY HEALTH DEPARTMENT |
|--|--|
| | IFICATE OF DEATH REG. NO. 69 1644 |
| 1. NAME OF DECEASED | |
| Bernard Bisciotti | 2. DATE AND HOUR OF DEATH |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 1150 AM 2/8/691 |
| WARE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST | REET Maryland Ann Arundel 52-02 |
| HOSPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Dhimait Com a all- | SEverna Hark YEST NOTH |
| University of Maryland Ho | E. STREET AND NUMBER |
| | 116 Giddings Avenue |
| 5. SEX 6. RACE 7. MARRIED NEVER MAR | |
| M WIDOWED DIVOR | |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR I | |
| bone during most of working life, even if refired) | |
| Salesman Glas Jone | Colta. USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Bernard J. Biscintti Sr. | Adele Marinelli |
| 0130(0111) | |
| (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY N | NO. ADDRESS |
| No | Water has It - Colone |
| 18-205,01 CAUSE C | OF DEATH APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEATH |
| LEADING TO DEATH | DIATE CAUSE Acute Myclogenous Leukenia |
| I I I I I I I I I I I I I I I I I I I | O, OR AS A CONSEQUENCE OF: |
| heort failure, asthenia, etc. It means the disease, injury or complication which caused death.) | o, on as a consequence on |
| | |
| ANTECEDENT CAUSES (B) | |
| DISEASES OR CONDITIONS, if any, giving DUE TO nise to the above cause (A) stating the | O, OR AS A CONSEQUENCE OF: |
| TINDER VING CONDITION I | Umonary Embolus & Ederna |
| C) | 7774 |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| E TO THE DEATH BUT NOT RELATED TO THE TERMINAL | ram Negative Sepsis |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I [A]. 199A-DATE OF OPERATION 199B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B PLACE OF INVINCE 21A-ACCIDENT WAS UNDERLYING 121B PLACE OF INVINCE 21A-ACCI | 0+0000000000000000000000000000000000000 |
| WAS PERFORMED | ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| ec w | 963 |
| OB CONTRIBUTING TO CAUCE OF INJU | JRY (e.g., in or obout 21 C. WHERE DID (If in Bollimore City, give exect location) sirect, office bidg., INJURY OCCUR? |
| DEATH inotify medical examiner) home, form, factory, etc.) | |
| Q 21D-TIME (Month) (Doy) (Yeon) (Hour) 21E INJURY OCCUR | RRED 21F. HOW DID INJURY OCCUR? |
| OF INJURY While At | Not White |
| Work L. | At Work |
| 22. I certify that (I) (this hospital) ottended the deceased fro | om 1/10/69 19 to 2/8 1969 |
| that (i) (we) lost sow the deceased alive on 2/8 | 19/69 and that in (my) (our) opinion death occurred on the date |
| 1 | A COLUMN COLUMN COUNTRY OF THE COLUMN |
| and hour and from the couses stated above. (1) (We) (did) (di | |
| 02090 - 1000 | 23 B. DATE SIGNED |
| They hatjacks Th. W. | Attending Med. Sheff Director Phys. 2/8/69 |
| 23C-PHISICIAN'S NAME (Type) | 23D. ADDRESS |
| MATIRGA MD | University then it |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER | OF GREEF CONTROLLING TO SPECTAL |
| AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER | TY OF CREMATORY 24D LOCATION (City, town, or county) (Stole) |
| 12 12/69 St VETER , | KLAUL CEM! Sprend OD (FO) |
| 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| FEB 13 1903 (P.J 5 & Farley) | JA A La WI |
| VS 150-REV-1/1/68 | A Mark XI Johnson Severna 1 - |

And the same of th

If Under 24 Hrs.

(State)

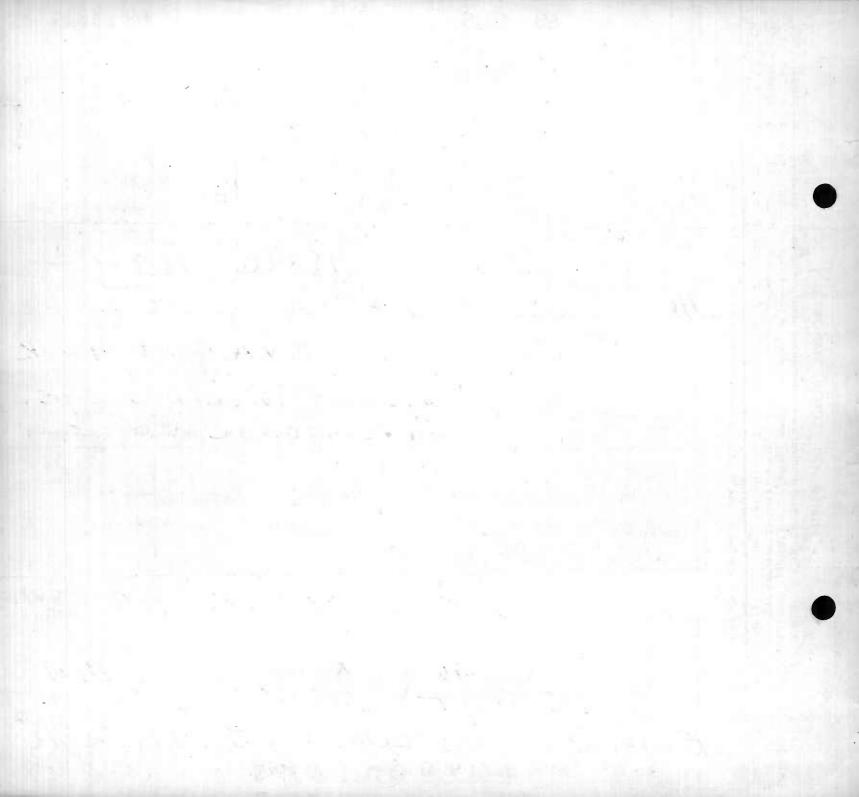


BIRTH NO

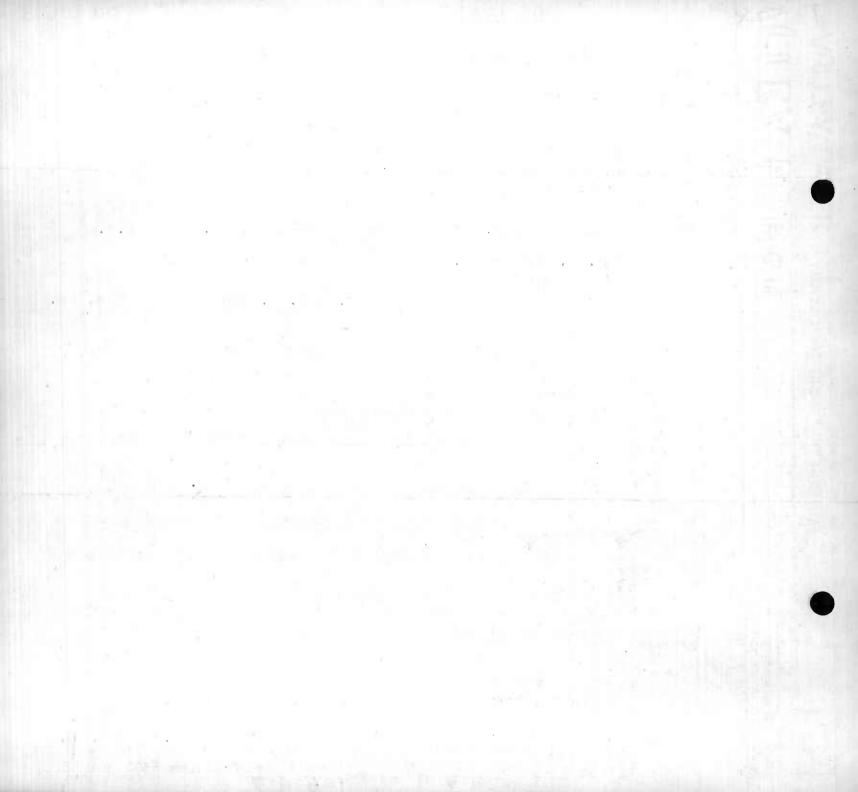
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.

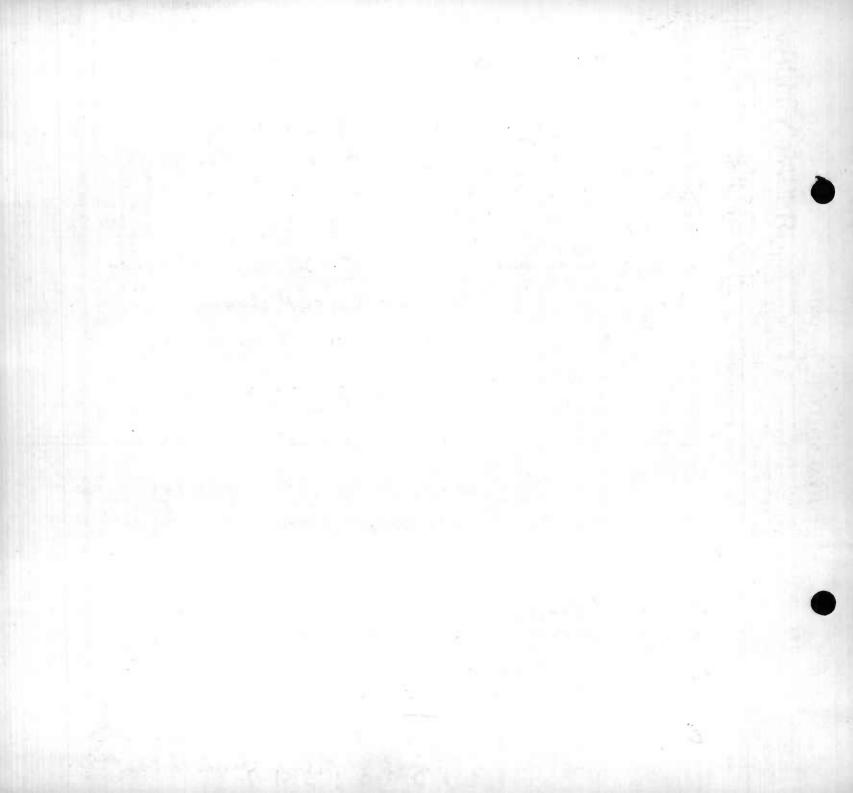








BALTIMORE CITY HEALTH DEPARTMENT

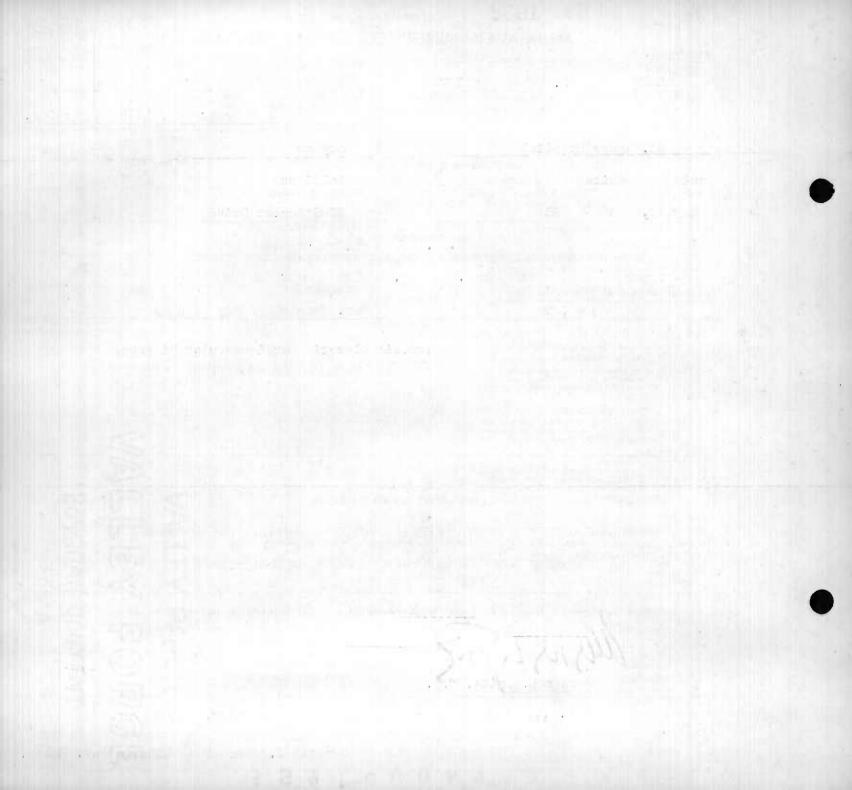


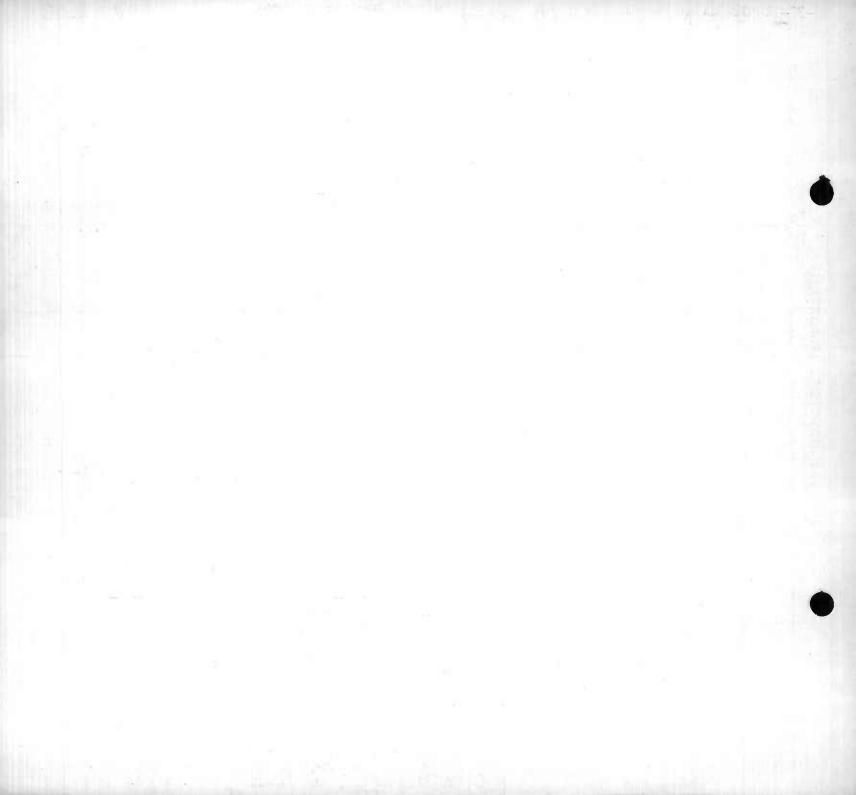
Principal prosessions LINE SHEET SERVICE 4 to Edward Road

The section of the se

69 1652 BALTIMORE CITY HEALTH DEPARTMENT

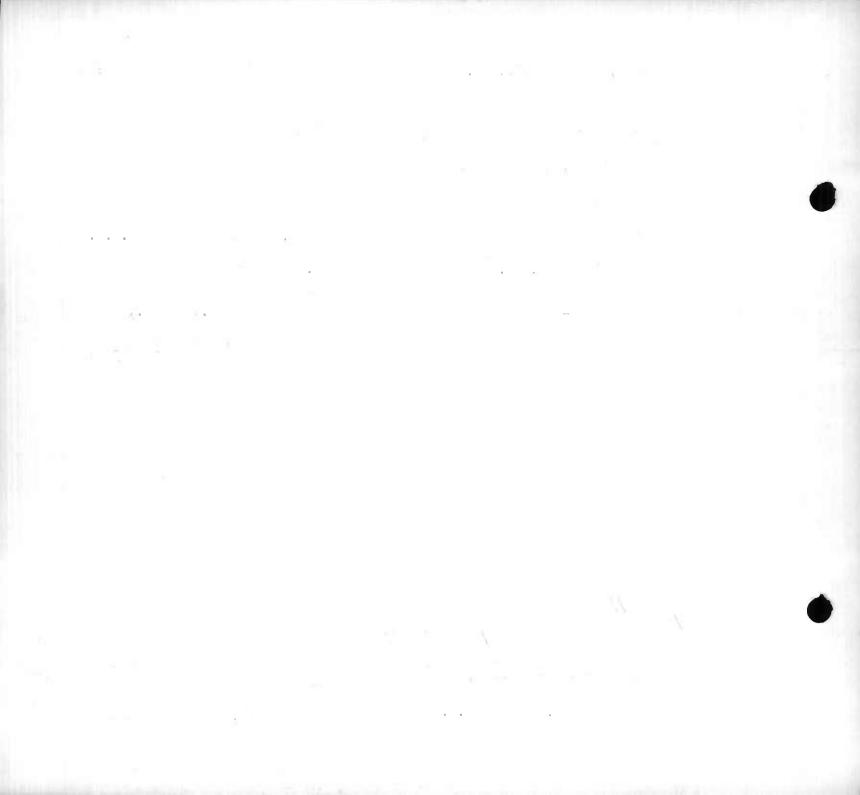
| | | MED | ICAL | . E> | CAMINER'S | CERTIF | ICATE | OF DEA | TH REG. NO | 00 | 100% |
|--|-----------------------------------|----------------|-------------|----------|--|----------------------------------|--------------|-----------------------------|-------------------|----------------|---------------------|
| BIRTH NO. | | | | | | | | | REG. NC | · | |
| 1. NAME OF DEC | CEASED | | | | | 2. DATE | Known | Month | Doy | Yeor | Hour |
| (Type or Print) HENRY B. PRINTZ | | | OF DEATH | Estimote | CXX | | | | | | |
| 4. PLACE IN BAL | | ARYLAND, V | VHERE PI | RONO | UNCED DEAD | 3. DATE | | Month | Day | Year | Hour |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NO | T IN HOSPITA | AL OR INS | TITU TŁO | ON, GIVE STREET | | OUNCED DE. | Februa | ary 10, | | 2:45 P |
| OK INSTITUTION | | | | | | A. STATE | RESIDENCE | (Where deceosed | B. COUNTY | on: residence | before odmission) |
| 70 St. | Agnes | Hospit | a1 | | | | ryland | | b. Cobiair | 3.1 | -0/a |
| 6. SEX | 7. RACE | | | RIED D | NEVER MARRIED | C. CITY C | RTOWN | | D. INSIDE | CITY LIMITS? | |
| male | white | | WIDOV | WED [| DIVORCED | | altimoe | | | YES 🛣 | NO 🗌 |
| 9. DATE OF BIRT | | lost birthdo | yeors y) | Montl | der 1 Yr. If Under 24 Hrs. hs Doys Hours Min. | | AND NUM | _{set Drive} | | | |
| 11. BIRTHPLACE (S | | | | 12 C | ITIZEN OF | | R'S NAME | SEL DIIVE | | | |
| Pennsyl | vania | | | W | HAT COUNTRY? | Hen | ry Prin | | | | |
| 14A.USUAL OCCU | PATION (Giv | e kind of work | 14B. KIND | OF E | BUSINESS OR INDUSTR | Y 15. MOTH | ER'S MAIDE | N NAME | | | |
| done during most of v Survey | vorking lite, ev | en itretired) | Army | Car | p. of Eng. | Ida | Mae Ko | utz | | | |
| 16. WAS DECEAS | ED EVER IN | U.S. ARMED | FORCE | 5? | 17. SOCIAL | 18. INFO | RMANT | | - | ADDRESS | A |
| (Yes, no or unknown) | (IT yes, give | 977 | or service | =) | SECURITY NO. | Mrs. | Jennie | Printz | Same | | |
| 19. 41 1 | 0 17 | 13/ | | | CAUSE OF DEA | | OGIME | 11 11102 | Danie | | PPROXIMATE INTERVAL |
| 7/0 | 7-1 | | | | CAUSE OF DEP | | | | | BETV | WEEN ONSET AND DEAT |
| | E OR COND | | CTLY | | Arteri | | otic Ca | rdiovascu | ılar Dis | ease | |
| (This does n | ot meon the | mode of dy | ing, e.g., | | | | QUENCE OF: | | | | |
| | , osthenio, etc nplicotion whi | | | | | | | | | | |
| | | | _ | | | | | | | | |
| AI | NTECEDENT | CAUSES | | | (B) | | | | | | |
| DISEASES | OR CONDITI | ONS, IF ANY | , GIVING | ; | DUE TO, OR | AS A CONS | EQUENCE OF | F: | | | |
| RISE TO THE | E ABOVE CA | ION LAST | TING THE | | | | | | | | |
| Z | | | | | (C) | | | | | | |
| ¥ | | 11 | | | | | | | | | |
| OTHER SIGN | ATH BUT NO | | | | | | | | | | |
| DISEASE OR | CONDITION | | | | | | | | | | |
| OTHER SIGN TO THE DEP DISEASE OR 20A. DATE OF | OPERATIO | N 20B. COI | NDITION | FOR | WHICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | OPSY? (Yes or No) |
| Ö | | | | | | | | | | | |
| 7 22A EVEED | NIAL GAUGE | MARC | | loon n | AGE OF BUILDING | | 200 14/1150 | | | | No |
| VINDERLYING UTING □ CA | | ITRIB- | | hom e | PLACE OF INJURY (e.g., form, foctory, street, offi- | , in or obout ce bldg., etc.) | INJURY OC | E DID (If in Boltim CUR? | nore City, give e | xoct locotion) | |
| ≥ 22D. TIME | | Doy) (Yeo: | r) (Hou | r) 22 | E.INJURY OCCURRED | | 22F. HOW D | DID INJURY OC | CUR? | | |
| OF INJURY (APPROX.) | | | | W | HILE AT NO | WHILE | | | | | |
| | | | | m. W | ORK L AT | WORK | | | | 1724 | |
| 23. | | | | _ | · 📆 . | | 1.4 | | | | |
| | ify that the | | nquiry | | Inspection X Au | | | t an this basi: | | | |
| resul | ted from | latural cau | ses X | K | cident Suici | de 📗 📗 | Hamicide _ | Undetern | nined manner | | |
| | /11/ | 1 . 0 | 1 | - | 7 | | CHIEF MED | ICAL EXAMINE | 2 | | |
| ACTUAL | 144 | MA | 1/1/2 | // | wi | AC | SICTABIT MED | ICAL EXAMINE | × 🗓 | | DATE SIGNED |
| SIGNATURE M.D. | | | | | |), | | | | | 2/11/69 |
| EXAMIN NAME (1 | Type) | | U. S | | z, M.D. | | | DICAL EXAMINER | | 100 | 2/ щ 09 |
| 24A. BURIAL CRE | | 24B. DATE | | | C. NAME of CEMETERY | | | 24D. LOCATIO | | wn, or county | |
| REMOVAL (Speci | ty) | reb. 1 | 3, 19 | 169 | Laureldale (| emeter | У | Reading | , Pennsy | /lvania | 1 |
| 25A. DATE REC'D | BY HEALTH | DEPT. | 25B. N | NAME | OF REGISTRAR | 25C | FUNERAL D | DIRECTOR | | ADDRESS | |
| | ern s | 1000 | 100 | | T O . | G | eorge . | J. Gonce | 4001 Ri | tchie H | hwy. Balto |





No

BALTIMORE CITY HEALTH DEPARTMENT



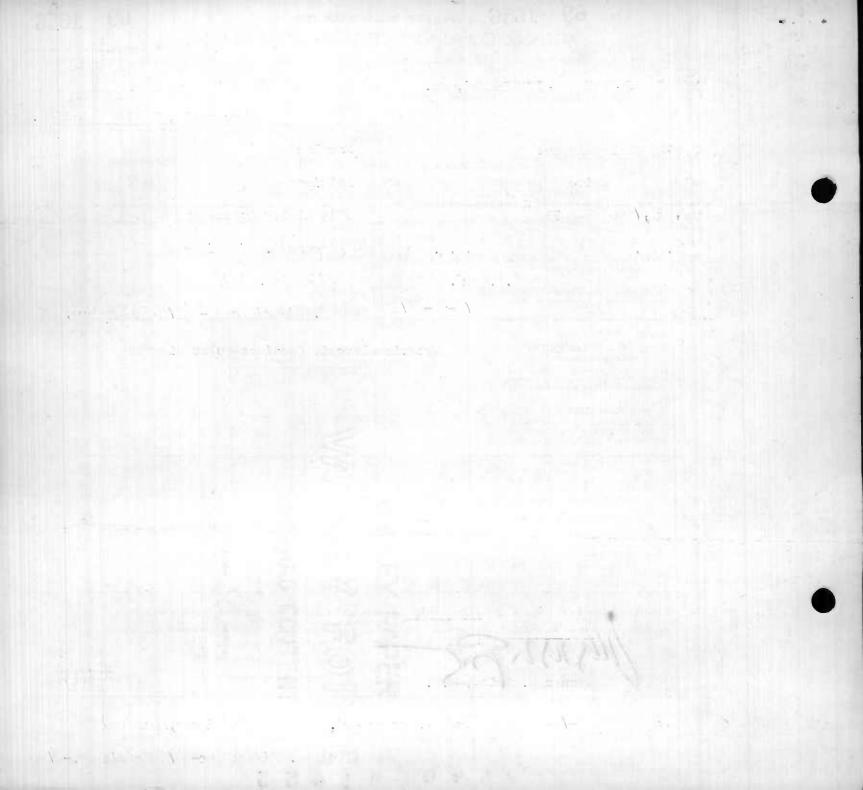
69 1656 BALTIMORE CITY HEALTH DEPARTMENT

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| 3 | 9 | |
| 0 | | |

1656

| -325 BIRTH NO. | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|----------------|---------|------------|-------------|----|-------|
| | | | | | |

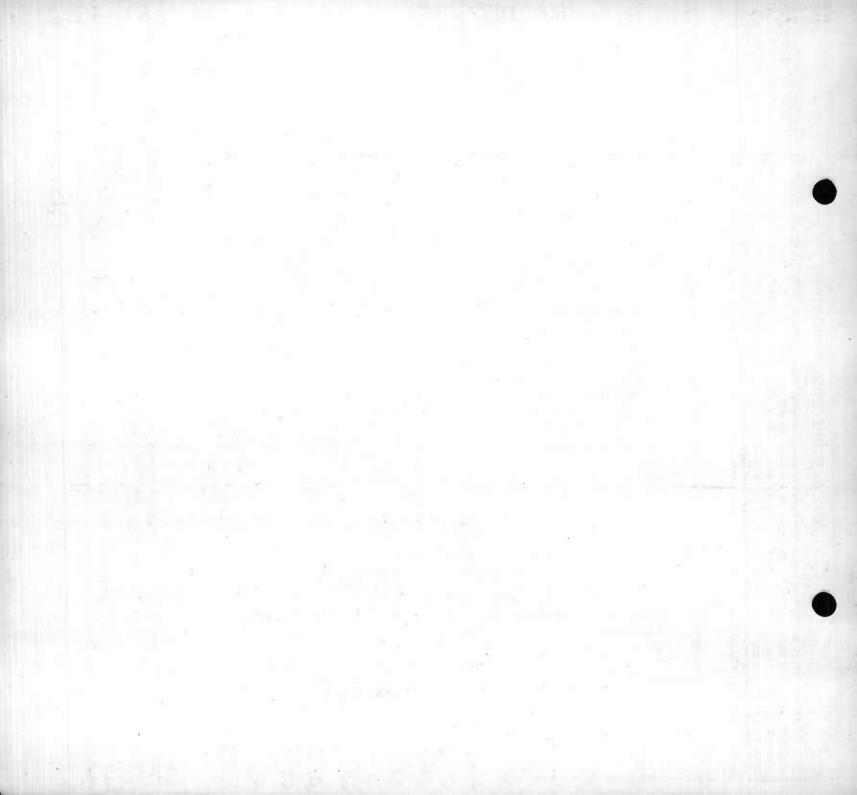
| BII | RTH NO. | \ | MILD | ICAL | LA | AMIIATIC 2 | | CAIL | Oi | DLAII | REG. NO |) | | |
|--------------------------------|--|---|----------------------------|-------------|-------------------|--|-------------|--|---|-----------------|--------------|-----------------------|-------------------------|----------|
| | 1. NAME OF DECEASED | | | | | | 2. DATE | Knawn | | Manth | Day | Year | Hour | |
| THOMAS JOSEPH FITZSIMMONS, Sr. | | | | | | OF DEATH | Estimate | d XX | | | | | M. | |
| | | | | | 3. DATE | | 422 | Month | Day | Year | Hour | 741. | | |
| HC | LL NAME OF SPITAL INSTITUTION | | T IN HOSPITA SS OR LOCA | | OITUI | N, GIVE STREET | | INCED DE | F | ebruary | | L969 on: residence | 4:25 | |
| 0 | 3216 | Elmley | Avenue | е | | | A. STATE | yland | (************************************** | | . COUNTY | 8 | -41 | / |
| 6. | SEX | 7. RACE | | 8. MARRIE | D 🗌 | NEVER MARRIED | C. CITY OR | TOWN | | | D. INSIDE | CITY LIMITS? | | |
| | male | wh: | ite | WIDOW | D | DIVORCED | Ba1 | timore | 2 | | | YES X | NO 🗆 | |
| 9. | ept. 22. | 1896 | 10.AGE (In last birthday | yeors | If Unde Aanths | er 1 Yr. If Under 24 Hrs. 1 Days 1 Hours 1 Min. | | | | Avenue | | | | |
| 11. | BIRTHPLACE (S | tote ar fareig | 1 | 1 | 2. CIT | IZEN OF | 13. FATHER | | , | 1101100 | | | | |
| | 8h:1 20 | | | | W | IAT COUNTRY? | 7 | hama | 0 | Filasi. | A section | | | |
| 144 | USUAL OCCU | PATION (Give | e kind of work | 14B. KIND | OF BU | SINESS OR INDUSTRY | 15. MOTHE | homos | V NAN | T LIZAWI | MILLIVI | | | |
| don | e during most of w | arking life, ev | en if retired) | 11 0 | - | f | | :11. | W | 1. 11 | | | | |
| 16. | WAS DECEASE | D EVER IN | U.S. ARMED | FORCES? | | 7. SOCIAL | 1B. INFOR | ANT | uono | neia | | ADDRESS | | |
| (Ye | s, no or unknown) | (if yes, give w | var or dates | of service) | 1 | 7. SOCIAL SECURITY NO. | Man | D E. | , . | | | | d | |
| - | 7es | WV | L | | | CAUSE OF DEA | (lary | 1). 1.13 | 201 | mmens . | - 1616 | Elmley | PROXIMATE IN | TERVAL |
| | 7" | 7-1 | | | | CAUSE OF BEA | | | | | | BETW | EEN ONSET A | ND DEATH |
| | | OR COND | | CTLY | | Arterio | sclerot | ic Car | dio | vascula | ar Dise | ease | | |
| | | LEADING TO at mean the | | | | (A)IMMEDIATE C | AUSE | | | | | | | |
| | heart lailure, | asthenia, etc. | . It means the | diseose, | | DUE 10, OR A | AS A CONSEQ | UENCE OF: | | | | | | |
| | injury or cam | plication whic | n cousea ae a | im.) | | | | | | | | | | |
| | AN | NTECEDENT | CAUSES | | | (B) | | *** | | | | | | |
| | DISEASES C | ABOVE CAL | DNS, IF ANY | , GIVING | | DUE TO, OR | AS A CONSE | QUENCE OF | | | | | | |
| Z | LINDERLYIN | G CONDITI | ON LAST. | | | (c) | | | | | | | | |
| ē | | | 11 | | | ``` | | | | | | | | |
| CERTIFICATION | OTHER SIGN TO THE DEA DISEASE OR | IFICANT CONTINUE OF THE BUT NOT CONDITION | RELATED TO | THE TERMIN | | ****************** | | 0 4 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | erti usi n.i.n.sh-ah-aa-da-sa et | | | | | |
| RT | 20 A. DATE OF | | | | OR W | HICH OPERATION W | AS PERFORM | ED | | | | 21. AUTO | PSY? (Yes a | r No) |
| ü | 0 | | | | | | | | | | | | No | |
| CAL | 22A. EXTERI | VAL CAUSE | WAS | | | ACE OF INJURY(e.g., | | | | If in Baltimore | City, give e | xoct lacation) | 110 | _ |
| MEDIC | UNDERLYING UTING CAI | USE OF DEA | TH. | | | orm, factory, street, offic | | | | URY OCCU | P.2 | | | |
| - | OF INJURY | Month) (D | ay) (Year |) (Hour) | | - | WHILE - | Zr. HOW D | נאוו טווי | UKT OCCU | Kf | | | |
| | (APPROX.) | | | r | n. WO | RK AT W | ORK | | | | | | | |
| | 23. | ify thos I he | eldan lı | nquiry [| 1 | nspection 🛭 Au | topsy 🗌 | ond tho | t on th | is bosis, | deoth in m | y opinion | | |
| | result | ed from: N | atural cau | ses 💢 | Acc | ident Suicio | | micide _ | | Jndetermin | | | | |
| | | /107 | 1 11) | 1 | 7 | 7, | _ | CHIEF MED | ICAL E | XAMINER | | | DATE SIGN | JED |
| | SIGNATU | IRE UU | VIV) | IN | 1 | M.D. | ASSI | STANT MED | ICAL E | XAMINER 3 | X | | DAIL SIGI | 120 |
| | EXAMINE NAME (T | 18 | Werner | U. S | itz | | | CIATE MED | ICAL E | XAMINER | | 2 | XXX XX 2/11/6 | 9 |
| | A. BURIAL CREA | AATION, 2 | 4B. DATE | | 24C. | NAME of CEMETERY | ar CREMATO | RY | 24D. I | OCATION | (City, tax | vn, ar county |) (Stat | e) |
| RE | MOVAL (Specif | Y) | 2-13- | 69 | | Holy Redeen | on Com | | | Ba 14: | mara M | mulana | 1 | |
| 25 | A. DATE REC'D | RV HEALTH I | | | MEC | F REGISTRAR | | UNERALD | IDECTO | P | ronce, 111 | ADDRESS | | |
| 23 | A. DATE REC D | and made and | | | | 2 0 | 1 | | | | | | | 11206 |
| | | FEB 1 | 4 1969 | (00 | بالمنا | r E, danbeum | 1/6 | nn (. | mil | ier in | c-0415 | Belair | 1 Nd2 | 1200 |
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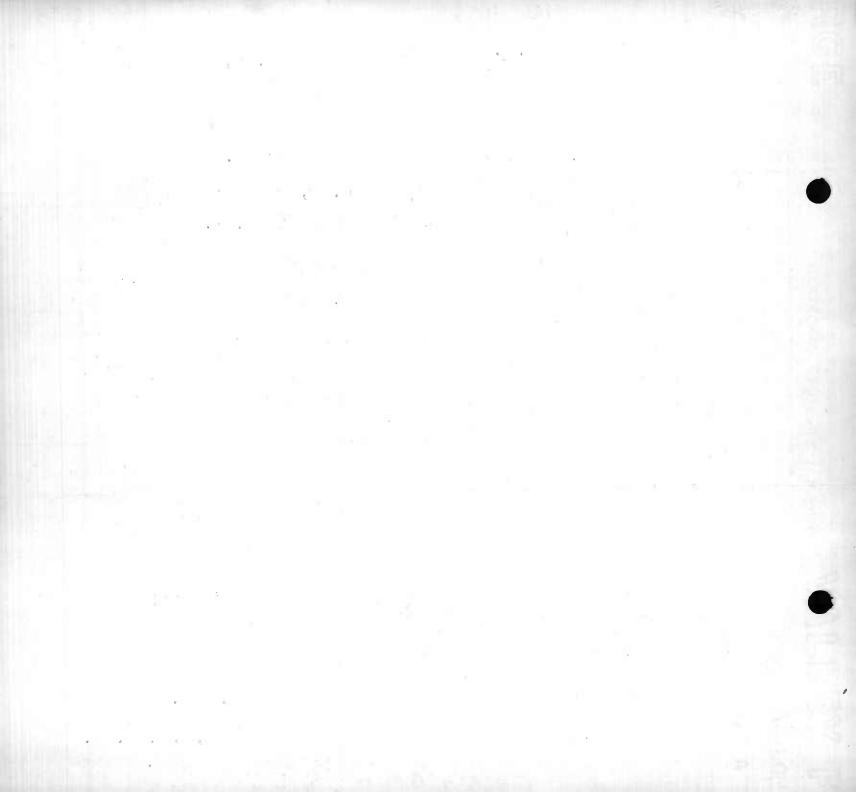
IMPORTANT

FUNERAL DIRECTOR:

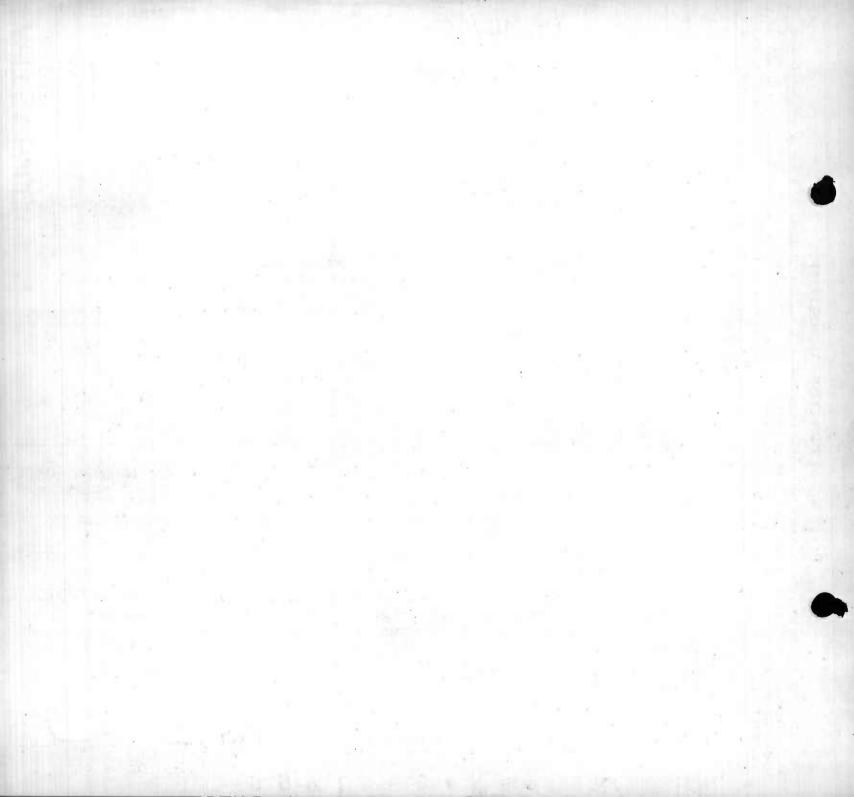
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| | 6 | 9 16 | BALTIMORE CITY | HEALTH DEPARTA | MENT | 60 | 1050 |
|--|---|---|--|---------------------------|---|--------------------------|---|
| | O | 70 | CERTIFICA | TE OF DEA | ATH REG. N | 10. 69 | 1658 |
| BIRTH NO. 1. NAME OF DEC (Type or Print) | John John | S. A. n Caso | io | | Teb. 13, 1969 | DEATH | N |
| 3. PLACE IN BAL | TIMORE, MARYLAND, V | | | 4. USUAL RESIDEN | ICE (Where deceased live B. COUNTY | d. If institution; resi | idence before odmission) |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOC | TAL OR INSTITU | JTION, GIVE STREET | Maryla C. CITY OR TOWN | and | 24 D. INSIDE CITY LIM | |
| 110 | | | | Baltin | | YES X | NO 🗌 |
| 43 | | | | E. STREET AND NU | | | |
| | ch Balto. Gen | | * | | Belt St. | | |
| 5. SEX | 6. RACE | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In year lost birthdoy) | Months D | 1 Yr. If Under 24 Hrs. Doys Hours Min. |
| Male | White | WIDOWED | | Oct. 28, 1 | 904 64 | | |
| | working life, even il retired) | | BUSINESS OR INDUSTRY | | Balto. Md. | | N OF WHAT COUNTRY |
| 3. FATHER'S NA | ME | | | 14. MOTHER'S MAI | IDEN NAME | | |
| Sam | Cascio | | | Catheri | ne Unknown | | |
| | Ever in U. S. Armed Fo | rces? | 1 6. SOCIAL | 17. INFORMANT | | - | ADDRESS |
| Yes, no of unknown | (If yes, give wor or dot | es of service) | SECURITY NO. | Mrs. Rosem | ary Hirschman | 1 | Same |
| rise to th UNDERLYIN OTHER SIGNI TO THE DEA | OR CONDITIONS, II e obove couse (A) G CONDITION Iasl. II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAIL F OPERATION 198. CON WAS PER | sloting the ONTRIBUTING THE TERMINAL RT 1 (A). | (C) | 20A. AUTOPSY? | Yes or No) 208. IF YES, IN CERTIFYIN | WERE FINDINGS C | O NSIDERED |
| OR CONTRIB | NT WAS UNDERLYING [UTING] CAUSE OF | 21 B. | PLACE OF INJURY (e.g., e, lorm, foctory, street, o | in or obout 21 C. WHER | RE DID (If In B | oltimore City, give | exact location) |
| DEATH (notify | (Month) (Doy) (Year) | etc. | | | DID INJURY OCCUR? | | |
| (APPROX.) | | Wh | ile At Not Whi | ie 🔲 | | | |
| that (I) (we | last saw the deceas | H) attended to | he deceased fram | 19.69 | 19 5 taand that in(my) (ev | 2 - 3 apinlan death | |
| 23C. PHYSICIA NAME (| AN'S Type) | eor | Au Degree Phy | 23 D. ADDRESS | | 2/1 | 3/69 |
| | Lester Lebo | | DEGREE | | al Arts. Bldg | 3+ | |
| REMOVAL | MATION, 24B. DATE Specify) | 24C. N | AME OF CEMETERY OF CR | EMATORY | 24D. LOCATION | (City, town, or | county) (Stote) |
| Burial | | | Holy Cross | | Brooklyn, A | A. Co. | Md. |
| 5A. DATE REC'D | SEB 14 1909 | | F E Fayloury | Mc Cul | | 30 E. Fort | Ave |
| /\$ 150-REV. 1/1/ | 6B | 1 9 1 | 9 11 11 | 0 6 | 5 7 | | |



BALTIMORE CITY HEALTH DEPARTMENT



| 3 | a hospital and cause of death cie; (5) Deceased ndance on the to death. Such | |
|-----------------------------|--|---|
| NT TN | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. | |
| FUNERAL DIRECTOR: IMPORTANT | examiner or his assista examiner. Also, if the 3) A fracture of any kind n who pronounced dea n regular attendance i are embalmed or final | |
| FUNERAL DIE | ed by the chief medical tospital by a medical ature; (2) Body burns; (5) pt where the physician (6) No physician was ined before the remains | |
| | dy was released to the It (1) An accident of any n. O.A. at a hospital (excessed prior to death); and n approval must be obtain | 2 |
| | This can the best shows was Dadecea writte | 2 |

| | 00 1000 | HEALTH DEPARTMENT 69 1000 |
|--------------|---|--|
| | | TE OF DEATH REG. NO. 69 1660 |
| (1 | NAME OF DECEASED Type or Print! Rubin Davis IL | 2. DATE AND HOUR OF DEATH 2-10-69 11670 |
| - 11 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | Md. Baltimore 0-02 C.CITY OR TOWN D. INSIDE CITY LIMITS? |
| 1 | The Johns Hopkins Hospital | Baltimore YES NO DE STREET AND NUMBER |
| = | | 908 N. Eden Street |
| | Make Negro WIDOWED DIVORCEDXX | 8. DATE OF BIRTH 7 - 1 - 3 5 9. AGE (in yours loss birthday) 11 Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min. |
| de | DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of work 108, given if retired) | 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13 | FATHER'S NAME | Januaria G. Ha USA |
| | Rueben Davis, Sr. | Pauline Ball |
| 15 (Y | . Wos Deceased Ever in U. S. Armed Forces? os,no or unknown) (If yes, give wer or dates of service) SECURITY NO. | 17. INFORMANT ADDRESS |
| - | 18. 4 CAUSE OF DEAT | Jesly Bill 8034/oodlington Rel |
| | DISEASE OR CONDITION DIRECTLY | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| | LEADING TO DEATH IThis does not mean the mode of dying, e.g., DUE TO, OR AS. | SE VILLE A CONSEQUENCE OF: |
| | injury or complication which caused death.) | |
| | DISEASES OR CONDITIONS, it any, giving (B) DUE TO, OR AS | A CONSEQUENCE OF: |
| | rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) | a confidence on |
| Z | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 11 |
| CATIC | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | ou sepsia |
| ERTIFICATION | 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A AUTOPSY? (Yes of NE) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO |
| CALC | 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in home, larm, factory, street, off DEATH Inaffy medical examiner) | |
| MEDI | 21D-TIME (Manth) (Doy) (Yeor) (Hous) 21E INJURY OCCURRED OF INJURY IAPPROXJ While At Not While | 21F. HOW DID INJURY OCCUR? |
| | 22. 1 certify that (1) (this hospital) attended the deceased from | E 1 10 /0 - 10 |
| | that (1) (ve) lost saw the deceosed alive on | 19 67 to 19 69 |
| | ond hour and from the causes stated above. (1) (We) (did) (did not) vi | |
| | iding Med. Staff Phys. 238. DATE-SIGNED | |
| | NAMETIVES // / | 3D. ADDRESS |
| 24 | Leonard Bosoff, Ur. A. BURIAL CREMATION, 248. DATE 24C. NAME OI CEMETERY OF CRE | The Johns Hopkins Hospital |
| | Burel 2-15-69 net Calar | VATORY 24D. LOCATION (City, town, or county) (State) |
| 25 | A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C, FUNERAL DIRECTOR ADDRESS |
| VS | 150-REV. 1/1/68 | receiption for 1000 Curity My |

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| F 3 | 000 | ibı | ine | ula | P | poe |
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| Ö | SD | 4- | ny | pa. | dar | or f |
| A D | his | 00 | 1 | Juc | Le. | ō |
| FUNERAL DIRECTOR: IMPORTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and | the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death | shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such () | Written approval must be obtained betore the remains are embalmed or final disposition is made. |
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| 2 | 1001 | HEALTH DEPARTMENT TE OF DEATH REG. NO. 69 1661 |
|-------------|--|---|
| | BIRTH NO. I. NAME OF DECEASED | IL OF DEATH |
| | (Type or Print) TEE (Tom /7-) | 2. DATE AND HOUR OF DEATH |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 2-10-69 8 20 AM 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY |
| | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | Md. Baltimore 23-02 |
| | P - | Baltimore YES NO |
| 7 | The Johns Hopkins Hospital | e. STREET AND NUMBER 900 Hardin Court |
| | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE IIn years II Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. |
| - 1 | Male Negro WIDOWED DIVORCED | 8=12=95 73 |
| | 10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| - 1 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Henry Lee | |
| 1 | 16 W D | Leinvan Gilman |
| | 15. Was Deceased Ever in U. S. Armed Farces? If es, no ar unknown) lift yes, give wor or dates at service) SECURITY NO. | 17. INFORMANT ADDRESS |
| | 18. / CAUSE OF DEATH | APPROXIMATE INTERVAL |
| | DISEASE OF CONDITION DIRECTLY | SETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | E Belate of lun alsrene 2 mgs |
| | (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) | |
| | ANTECEDENT CAUSES | - |
| | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A | CONSEQUENCE OF: |
| | rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) | |
| | z | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | na penis + Pulming emboli 4 mms |
| | 19. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CA PERFORMED | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 11 | U 21A. ACCIDENT WAS UNDERLYING / 21B. PLACE OF INJURY (e.g., in | or about 21 C. WHERE DID (If In Boltimare City, give exact location) |
| | DEATH (natify medical examined) | injury occurs |
| II | OF INJURY (Month) IDoy) (Year) IHour 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| П | (APPROX.) While At Work At Work | |
| li | 22. I certify that (1) (this hospital) attended the deceased from | 19 10 2-10-69 19 |
| 1 | that (1) (we) lost saw the deceased alive on 2-7 | 1969 and that in (my) (our) opinion death occurred on the date |
| Ш | ond hour and from the couses stated above. (We) (did did not) vie | |
| H | 23A. SIGNATURE | 238, DATE SIGNED |
| | Attend | |
| 1 | 23C PHYSICIAN'S DEGREE Phys. NAME Type 23 | D. ADDRESS |
| \parallel | | |
| 1 | Joseph S. Atkinson 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREME | The Johns Hopkins Hospital |
| | REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREM | ATORY 24D. LOCATION (Gily, lown, or county) (Stole) |
| | Bunal 2-19-69 rumunu | ent Dallo 3017 20 Made |
| | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. EUNERAL DIRECTOR ADDRESS |
| I | VS 150-REV. 1/1/68 | Meny Chiplan un Comently a |



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69 1662 BALTIMORE CITY HEALTH DEPARTMENT

| MAEDICAL | EV A LAIN IEDIC | CED TIELC A TE | OF | DEATH |
|---------------------|-----------------|----------------|----|----------|
| $AA = DIC \Delta I$ | FXAMINER | (FRIIFIC AIF | | DEATH |
| MEDICAL | EXMANII AFIL O | CERTIFICATE | | DEATH DE |

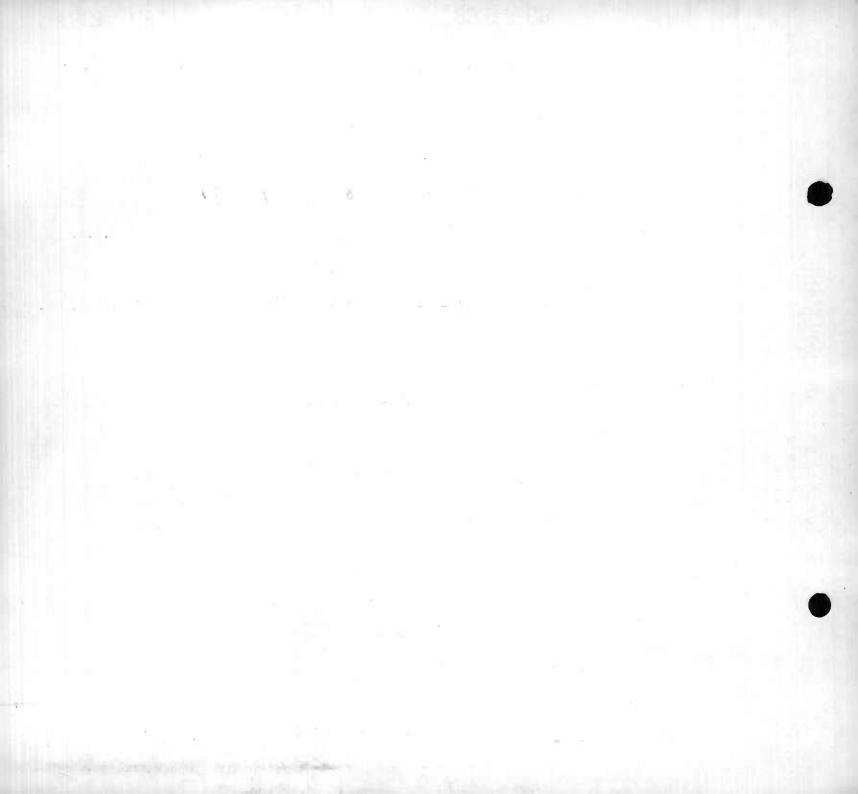
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| | 1 | 16 | 166 |

| BIRTH NO. | CERTIFICATE OF DEATH REG. NO. | | | | |
|---|---|--|--|--|--|
| 1. NAME OF DECEASED | 2. DATE Known Month Doy Yeor Hour | | | | |
| (Type or Print) FRANK WILLIAMS | DEATH Estimoted February 12, 1969 M. | | | | |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Manth Doy Year Haur | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | February 12, 1969 11:55 R. 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) | | | | |
| Maryland General Hospital (DOA | A. STATE B. COUNTY | | | | |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? | | | | |
| Male Negro WIDOWED DIVORCED | Baltimore YES X NO C | | | | |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Months; Doys, Hours, Min | | | | | |
| MAr. 92/894 \$74 | 454 Tubmon Ct. | | | | |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | | | | |
| 1 AA. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST | Recrue Williams | | | | |
| done during most of working life, even if retired) | M | | | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | 18. INFORMANT ADDRESS | | | | |
| (Yes, na prunknawn) (If yes, give wor or dotes of service) SECURITY NO. | | | | | |
| YEJ WW [215-07-376 | ATH APPROXIMATE INTERVAL | | | | |
| Arterios | Between ONSET AND DEATH Sclerotic cardiovascular disease | | | | |
| LEADING TO DEATH | | | | | |
| (A)MMEDIATE (This does not mean the made of dylng, e.g., heart failure, asthenia, etc. It means the disease, | R AS A CONSEQUENCE OF: | | | | |
| injury or complication which caused death.) | | | | | |
| ANTECEDENT CAUSES (B) | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | R AS A CONSEQUENCE OF: | | | | |
| II UNDERLYING CONDITION LAST | *************************************** | | | | |
| II II | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | | | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | WAS PERFORMED [21. AUTOPSY? (Yes or No) | | | | |
| | | | | | |
| Z22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g. | g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) | | | | |
| UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED | fice bldg., etc.) INJURY OCCUR? | | | | |
| ≥ 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? | | | | |
| (APPROX) | OT WHILE D | | | | |
| 23. I certify that I held on Inquiry Inspection X A | ond that on this bosis, death in my opinion | | | | |
| | Autopsy Ond that on this bosis, death in my opinion | | | | |
| Tesured from: Adolor cooses A Accident 5016 | CHIEF MEDICAL EXAMINER | | | | |
| ACTUAL ASSISTANT MEDICAL EXAMINED TO DATE SIGNED | | | | | |
| SIGNATURE EXAMINER'S Charles S. Springate, M.D. | A.D. | | | | |
| NAME (Type) | — rebruary 15, 1909 | | | | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify) | Y or CREMATORY 24D. LOCATION (City, town, or county) (State) | | | | |
| BuriAL 2-17-69 134 Ltim H | : NAT. Com. Bottimore Ind. | | | | |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS | | | | |
| FEB 14 1909 (20.00 2 February | ma & home O. Wilson jose Bra they And. | | | | |
| VS 151-REV. 1/1/6B | 0 1 6 6 1 | | | | |

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BALTIMORE CITY HEALTH DEPARTMENT





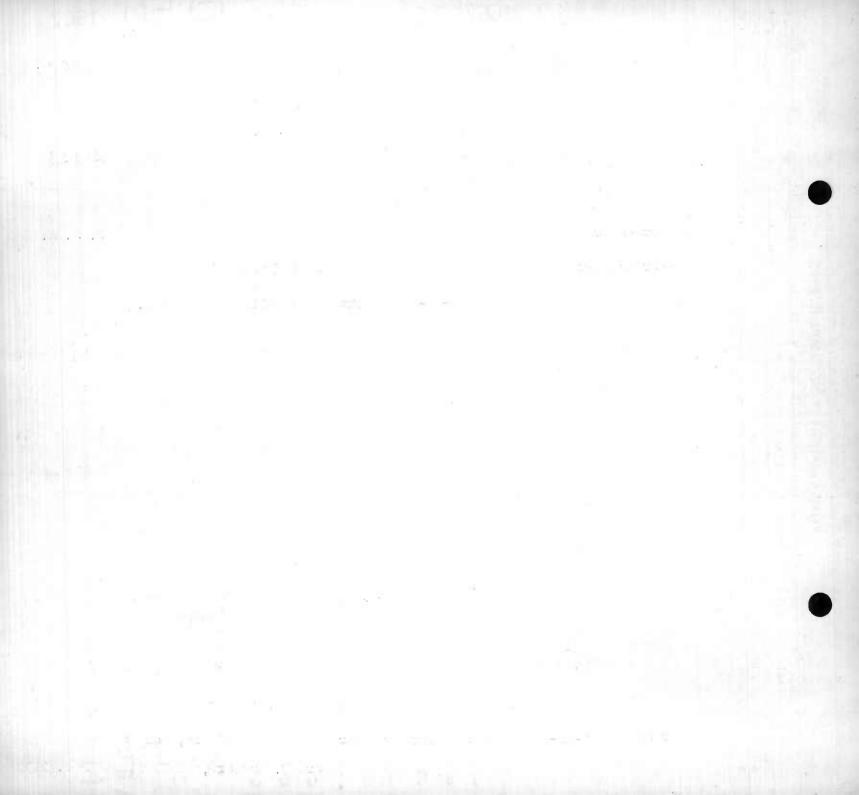
IMPORTANT DIRECTOR: FUNERAL

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yi. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US.A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltmore City, give exact location) and that ig (my) (our) opinion death accurred on the date 23B, DATE SIGNED (Stote) (City, town, or county) ADDRESS Balto.

| | 6 | 9 16 | 666 BALTIMORE CITY | HEALTH I | DEPARTMENT | 1/ | | 00 1000 | |
|---|--|------------------------|---|--|-----------------------------|--------------------------------|-----------------|---|-----------------|
| BIRTH NO. | | | CERTIFICA | TE OF | DEATH | REG. | No | 69 1666 | |
| 1. NAME OF DEC | ETHEL | H. CH | Lynch | | 2, | AND HOUR OF | | 1630 | ۹٠. |
| 3. PLACE IN BAL | TIMORE, MARYLAND, V | HERE PRONC | UNCED DEAD | 4. USUAL A. STATE | RESIDENCE IV | Vhere deceased I | ived. If instit | ulian: residence before ac | mission) |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOC | AL OR INSTITATION) | FUTION, GIVE STREET | C. CITY OI | | HAR | | 62-00 CITY LIMITS? |) |
| 44 UNG | ON MEM. | Hospi | TAL | JA E. STREET | AND NUMBER | 11CLE | Y | ES NO X | |
| 5. SEX | 6. RACE | 1- | | | Box 77 | D | | | |
| F | ~ | WIDOWED | | B. DATE O | 4/98 | 9. AGE (In y lost birthday) | 70 | f Under 1 Yr. If Under Nonths Doys Hours | 24 His. Min. |
| 10A, USUAL OCCI | UPATION (Give kind of warl warking life, even if retired) | 108, KIND O | F BUSINESS OR INDUSTRY | 11. BIRTHP | LACE (Stale or f | areign country) | 1 | 12. CITIZEN OF WHAT C | DUNTRY |
| Heusew | | Hor | me | ~ | 10 | | İ | V-S.A. | |
| 3. FATHER'S NA | ME | 1101 | m C | | ER'S MAIDEN N | IAME | | 0-3.74 | |
| | IES HANL | | | | ARCARO | | ALTON | | |
| Yes, no or unknown | Ever In U. S. Armod for | | 16. SOCIAL SECURITY NO. 15-36-8037 | W. Ha | arvey I | ynch | Jarre Jarre | 77 DADDRESS ettswille | Md. |
| 18. LL / | 2.51 | | CAUSE OF DEATH | | | | | APPROXIMATE IN | <u>84</u> |
| | E OR CONDITION DI | ECTLY | | • | | | | BETWEEN ONSET AN | D DEATH |
| | LEADING TO DEATH | LCILI | A A MANAGERIA TO CASE | USE Complete Heart Block / w/k A CONSEQUENCE OF: | | | | | |
| (This does n | al mean the mode of | dying, e.g., | DUE TO, OR AS | CONSEQU | ENCE OF: | , coor | | | |
| injury at com | asthenia, etc. It means plication which caused | me disease, deoth.) | | | | | | | |
| | ANTECEDENT CAUSES | | Ante | 2 his | cleratio | Carolina | esala | 3 mi | |
| DISEASES C | R CONDITIONS, if | nv. niving | (B) DUE TO, OR AS | A CONSEQU | IENCE OF: | | | | ***** |
| rise la lhe | obove cause (A) CONDITION last. | sloling lhe | (c) | | JENCE 01: | | | | |
| | П | | | | | | | | |
| OTHER SIGNIF TO THE DEAT | CANT CONDITIONS COL | NTRIBUTING | | | | | | | |
| | H BUT NOT RELATED TO THOMOTION GIVEN IN PAR | T 1 (A). | ***************** | | | | | | |
| U 19A. DATE OF | OPERATION 198. CON- | DITION FOR Y | WHICH OPERATION | 20 A. AU | NO | No) 20B. IF YES | WERE FINE | DINGS CONSIDERED S OF DEATH? | |
| OR CONTRIBU | IT WAS UNDERLYING TING CAUSE OF medical examiner | 21 B. hom etc. | PLACE OF INJURY (e.g., in to, farm, factory, street, aff | or obout 21 ice bldg., IN | C. WHERE DID JURY OCCUR? | (if in | Boltimore Ci | ty, give exect location) | |
| 21D. TIME | (Month) (Day) (Year) | (Hous) 21E | INJURY OCCURRED | 21 | F. HOW DID I | NJURY OCCUR? | | | |
| (APPROX.) | | Whi | ilo Al Nol While | | | | | | |
| 22. 1 certify | that (1) (this hospital) | | | 7 | 10 | ** / 6 | / | . 1 | 16 |
| | last saw the decease | | T / T | | 19 | _19 <u>69</u> to_ | | 19 | 6/ |
| | | | | | 69ond | thot in (my) (a | aplnlor | death occurred on t | ne date |
| and have and | from the causes stat | ed obave. (1 |)(We) (dld) (dld not) vl | ew the bac | dy after death | le | | | |
| 23A. SIGNATURE Attending Med. Stuff Phys. Director Phys. 23B | | | | | | | | | |
| 23C. PHYSICIAL | N'S | | | 3D. ADDRES | | PRYS. | | 2/12/69 | |
| 4 / | IN D HENS | EN | M.D | UNI | ON MEN | 1 405 | P. | | |
| 4A. BURIAL CREA | AATION, 248. DATE | | ME of CEMETERY OF CREA | - | | LOCATION | | | |
| REMOVALIS | pecifyl | | | | 240. | LUCATION | (Gity, to | own, or county) (| tote) |
| Burial | 2/14/6 | | . Johns | | | Hyde. | Balt | imore. Md. | |
| DATE REC'D | AY HEALTH DEPT. | 25B NAME C | A 457 A | | NERAL DIRECTO | OR . | | ADDRESS | |
| | | Violetica | 62 Stalley Min | Char | les E. | Kurtz | Jarr | ettsville, | Md. |
| S 150-REV. 1/1/6 | 8 | | | | | | | | |

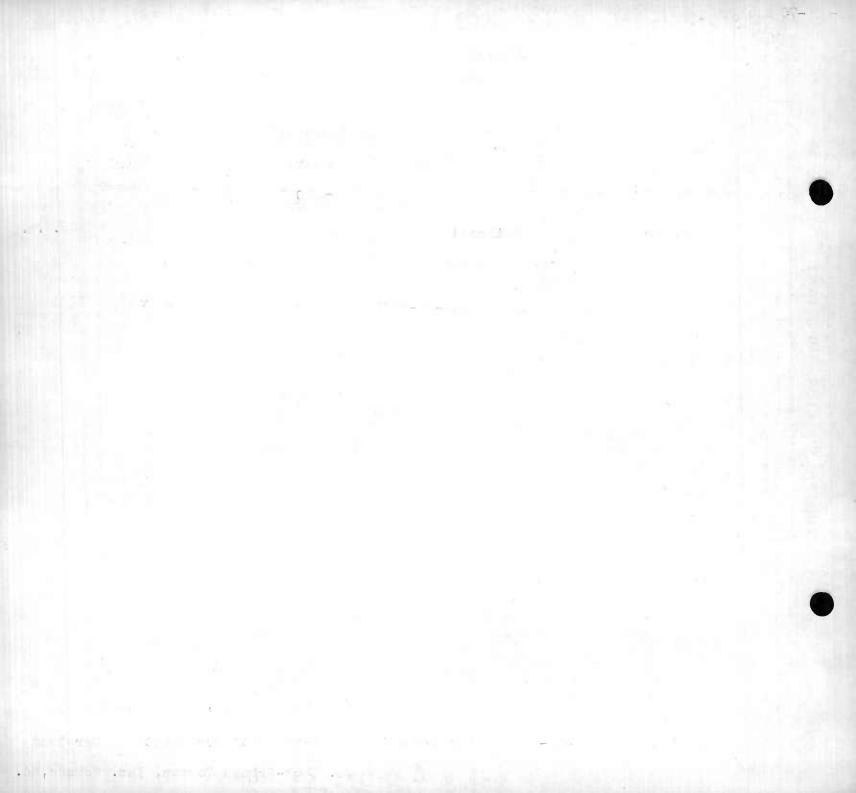


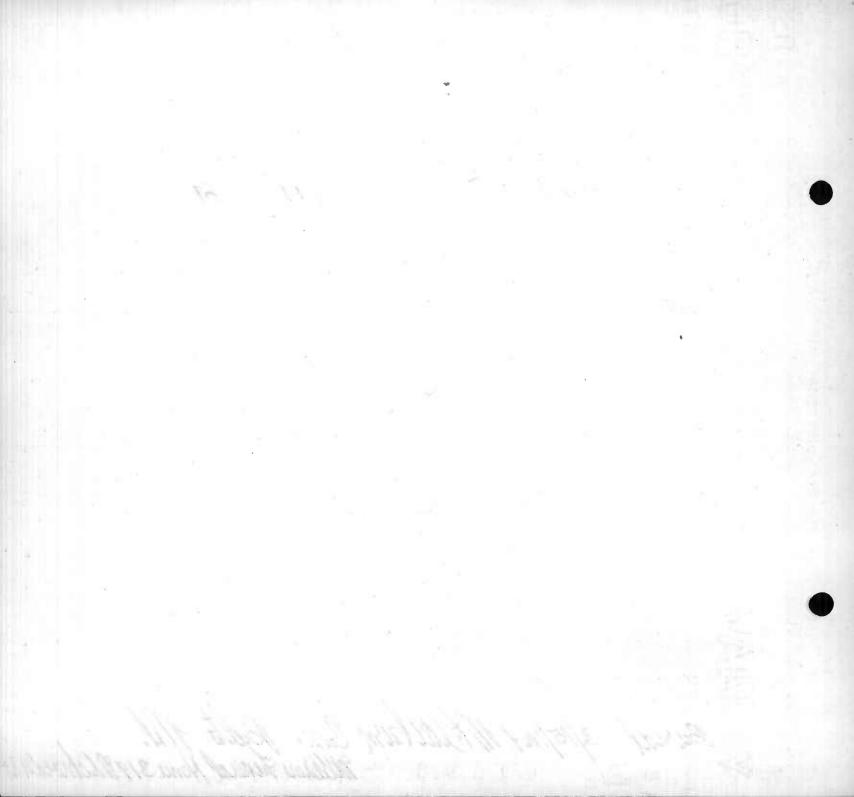
BALTIMORE CITY HEALTH DEPARTMENT

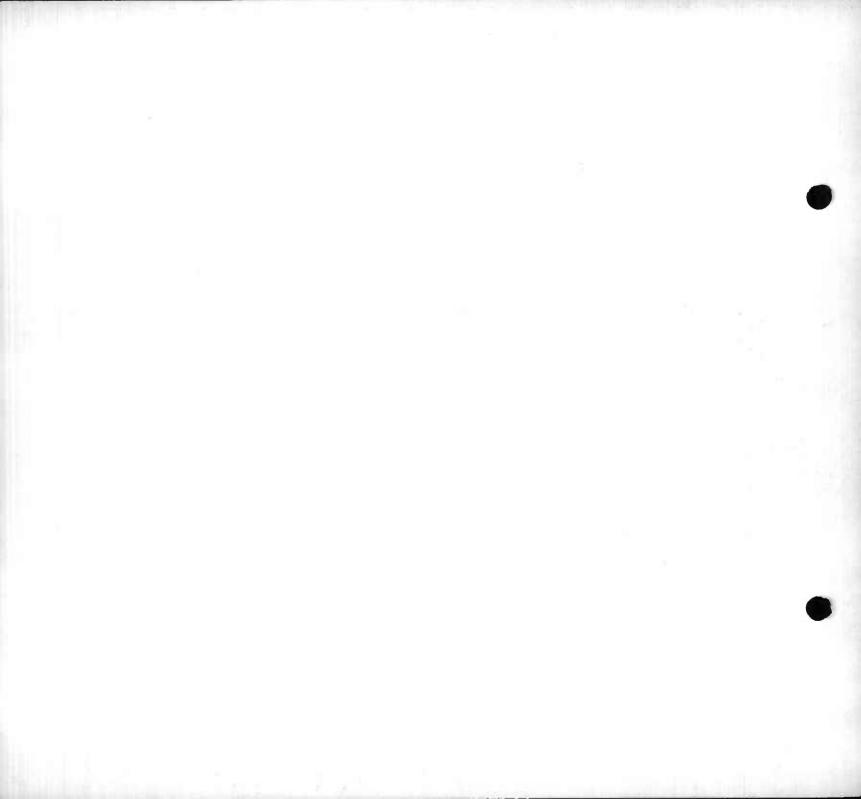


THE PETER SHEET AND ADDRESS. John Barnely Kle 1500 F. Orforder Str.

| 53- 59-70 sab company of the second of the | BIRTH NO. | 5.5 65 | | CLKTITICA | | DEATH | REG. N | | 1009 | | |
|--|--|--|-------------------------|--|--------------------------------------|--|------------------|----------------------|----------------------|----|--|
| | (Type or Print) | FREDER! | ICK OSCA | R REDMANNIN | 2. DATE AND HOT OF DEATH 2/12/69 736 | | | | | ١. | |
| spir of of of of ce | | LTIMORE MARYLAND, W | | | A. STATE | B. COUN | re deceased live | d. If institution: r | 100 | - | |
| | FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOC | ATION) | JTION, GIVE STREET | C. CITY OR TO | NWN | C | Baltin | IMITS? | | |
| - 32, | 3/ | Baltimore C 4940 Easter | n Avenu | e | E. STREET AN | | | YES [| NO 🔀 | - | |
| outi ed ar pr | 5. SEX | Baltimore, N | | | 1508 G | reenspri | ng Drive | | | _ | |
| occurred in ontributing ermined carregular affeased prior is made. | Male | White | WIDOWED | NEVER MARRIED DIVORCED | 11-9-10 | 1 | lost birthdoy) | Months | Doys Hours Min. | | |
| tern re- | TOA. USUAL OC | CUPATION (Give kind of world f working life, even if retired) | | | 11. BIRTHPLAC | E State or fore | | | ZEN OF WHAT COUNTRY | ? | |
| or c ndet s in dec | Laborer | working life, even if renred) | Railre | oad | Maryla | nd | | | U.S.A. | | |
| rif derict (4) U (4) U the isposi | 13. FATHER'S NA | | | | 14. MOTHER'S | MAIDEN NA | | | | | |
| NT nnt if directly (4) why wenth we | | | | edman | | | ian Butl | er | | | |
| IMPORTANT or his assistant Also, if the dir s of any kind; (ounced death trendance on | (Yes, no or unknow | d Ever in U. S. Armed For (n) (If yes, give wor or dote | es of service) | 6. SOCIAL SECURITY NO. | 17. INFORMAN | | MA Eagte | ern A y enu | renue 21224 | | |
| ORI assi if the iny keed dan or fir | No | 0.1 | | 717-07-6151 CAUSE OF DEAT | | 5.DUIE47 | 40 Baste | rn Agend | APPROXIMATE INTERVAL | - | |
| chief medical examiner y a medical examiner. Body burns; (3) A fractur the physician who prorysician was in regular ethe remains are embal | DISEASES | , aslhenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) (G CONDITION last. | any, giving slaling the | (B) | Debina CONSEQUEN | liteti NE OF: Leght | t Upper L | oke. | 1 /2 year | _ | |
| UNERAL c thief med by a media) Body bur the phys hysician w | ▼ DISEASE OR | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | | | | | |
| FUN te chi by a 2) Boo re the physi | U 19A. DATE O | | | | | Yes | | | YES | | |
| T 5 4 5 5 5 | OR CONTRI | ENT WAS UNDERLYING DESCRIPTION OF STREET OF ST | hom etc.) | PLACE OF INJURY (e.g., i e, form, foctory, street, of | fice bldg., INJU | RY OCCUR? | (It in 8 | altimore Cily, giv | e exact location) | | |
| roved by the hospital by nature; (xcept whe and (6) No btained beined beine bei | 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor) | | INJURY OCCURRED Not While At Work | 21F. HOW DID INJURY OCCUR? | | | | | - | |
| e must be appreleased to the accident of an it a hospital (e) or to death); contact and must be o | that (I) (we | Ans Koys | ted above. (I |) (We) (dld) (dld not) v Atte | riew the bady | ond the ofter death. Med. Director Baltimo | Staff E Phys. E | r) opinion deo | | | |
| Sod Sod D.O D.O | Burial | 2-15- | | AME of CEMETERY of CRI Ley Methodis OF REGISTRAR | MATORY | 24D. L | OCATION | (City, town, | | - | |
| This the I show was dece | 25A, DATE REC' VS 150-REV, 1/1 | BEB 14 1969 | | F 29 FORESTA | | | | | . Towson, Md. | = | |







69 1672 BALTIMORE CITY HEALTH DEPARTMENT

| | | | | 00 |
|---------|------------|----------------|---------|----|
| MEDICAL | EXAMINER'S | CERTIFICATE OI | F DEATH | 69 |

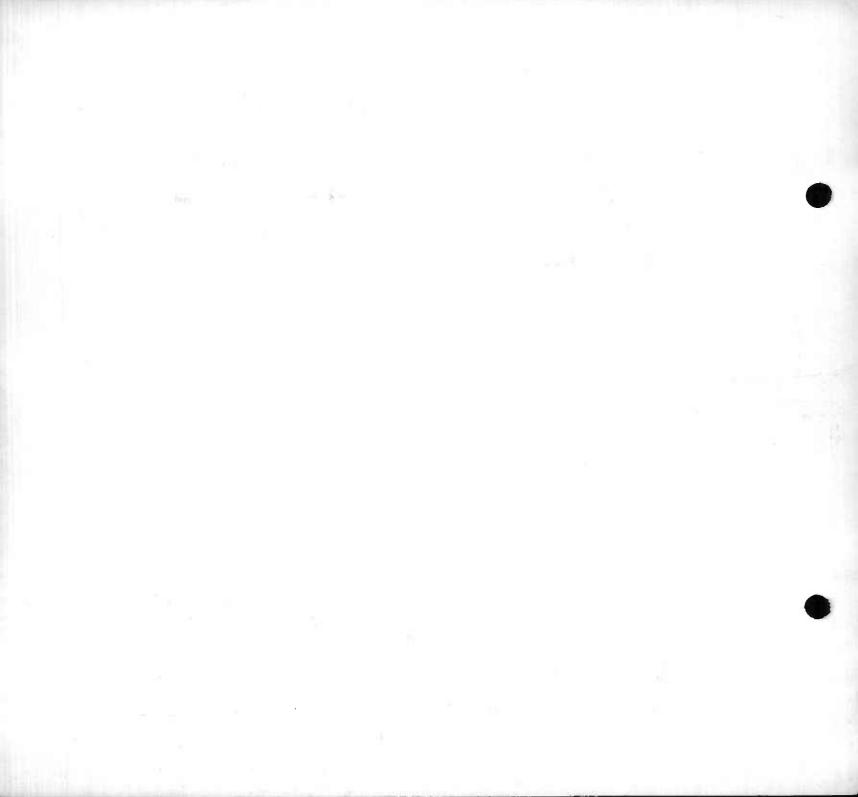
| | | | | | BALTIMORE CITY HE | | | | | 69 | 1672 |
|--------------------|---|-----------------|-----------|-------------------------|--|-----------------------------------|-------------|----------------------|--------------------|-------------------------|---|
| BIR | TH NO. | WED | ICAL | EX | AMINER'S | CERTIFIC | CATE | OF DEATI | REG. NO. | 00 | 10.4 |
| 1. 1 | NAME OF DECEASED | | | | | 2. DATE | Knawn 5 | Manth | Day | Year | Hour |
| (1At | | S WIG | GONS | (W | liggins) | OF DEATH | Estimoted | □ 2 | 12 | 69 | 12:46 ME |
| | PLACE IN BALTIMORE, MAR | YLAND, W | HERE PR | | | 3. DATE | NICED DEAD | Month | Day | Yeor | Hour |
| HO | SPITAL ADDRES | S OR LOCAL | LORINST | OITUTIO | N, GIVE STREET | PRONOL | NCED DEAD | Februar | v 12. 1 | 969 | 12:46 M |
| OR | INSTITUTION | | | | | 5. USUAL RE | SIDENCE (V | Vhere deceased liv | ed. If institution | n: residence b | efare admission) |
| | Tuthoran | Hoon | i to 1 | D | 0. 4 | A. STATE | Marylar | | B. COUNTY | 16- | 07 |
| 6. 5 | EX 7. RACE | L nosp. | 8. MARR | IED A | NEVER MARRIED | C. CITY OR | TOWN | 14 | D. INSIDE C | ITY LIMITS? | |
| 7 | 0-1- | | WIDOW | _ | | Dol+ | _ | | V | ES 🖾 i | No 🗆 |
| 9. [| Male Color | 10. AGE (In | yeors | If Und | der 1 Yr. if Under 24 Hrs. | E. STREET A | | R | | -3 - 1 | 10 П |
| 3 | 1-14-1914 | last birthday | . 1 | Month | s Days Hours Min. | | 0006 - | T | | | |
| | BIRTHPLACE (State or foreign | country) | | 12. CI | TIZEN OF | 13. FATHER' | | cessman_S | t | | |
| | lant City, F | | | | HAT COUNTRY? | | ie Wi | aging | | | |
| | USUAL OCCUPATION (Give | | | | | | | - | | | |
| | during most of warking life, ever | | Wate | | | UNE | | 14AME | | | |
| | WAS DESCRISED SUSPINION | 5 48455 | | | Dept. | | | | | D.D.D.C.C. | |
| Ye: | WAS DECEASED EVER IN U _no ar unknawn)(If yes, give wo | or or dates | f service |) | 265-14-93 | 1B. INFORM | | | | DDRESS | |
| _ | No. | | | | | | Leon | Speaks | 4606 | | herne Ro |
| | 19. 4 10 4 | | | | CAUSE OF DEA | TH | | | | | PROXIMATE INTERVAL EEN ONSET AND DEATH |
| | DISEASE OR CONDIT | ION DIREC | CTLY | | Arterios | lerotic | cardio | vascular | diseas | 6 | |
| | LEADING TO | | | | (A)IMMEDIATE | | Curur | Vaccatar | azocuo | | |
| | (This does not mean the m heart failure, asthenio, etc. I | node of dyi | ng, e.g., | | DUE TO, OR | AS A CONSEQ | JENCE OF: | | | | |
| | injury or complication which | caused deo | th.) | | | | | | | | |
| | ANITECEDENIT | ALICEC | | | | | | | | | |
| | DISEASES OR CONDITIO | | GIVING | | (B) DUE TO, OR | AS A CONSEC | UENCE OF: | | | | |
| | RISE TO THE ABOVE CAUS | SE (A) STAT | ING THE | | | | | | | | |
| Z | ONDERETING CONDING | ZIV LAJI. | | | (C) | | | | | | |
| Ĕ | OTHER CICAMETER AND COME | | ALTOIDIII | INIC | | | 200 | | | | |
| $\overline{\circ}$ | OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R | RELATED TO | THE TERM | INAL | | | | | | | |
| CERTIFICATION | DISEASE OR CONDITION C | | | | WHICH OPEN ATION I W | | | | | 10. 1170 | |
| 8 | 20A. DATE OF OPERATION | ZUB. CON | MOIIIGN | FOR V | WHICH OPERATION W | AS PERFORM | ED | | | 21. AUTO | PSY? (Yes or Na) |
| _ | | | | | | | | | | | YES |
| EDICA | 22A. EXTERNAL CAUSE W UNDERLYING OR CONTI UTING CAUSE OF DEAT | RIB- | | 22B. Pl hame, | ACE OF INJURY(e.g., form, factory, street, office | in ar abaut 2: ce bldg., etc.) | IJURY OCCU | OID (if in Baltimore | e City, give exc | act lacation) | |
| | 22D. TIME (Manth) (Da | |) (Hau |) 22 | E.INJURY OCCURRED | 2 | F. HOW DIE | INJURY OCCU | R? | | |
| | OF INJURY (APPROX.) | | | | | WHILE | | | | | |
| | 23. | | | m. W | ORK L AT V | vork 🔲 | | | | | |
| | I certify that I he | ld on le | auiry [| 7 | Inspection Au | topsy XX | and that | on this bosis, | deoth In my | oplnion | |
| | resulted from: No | turol com | XX | A . | | | micide 🗌 | Undetermin | ed monner | | |
| | Tesoried Hom. Ad | 1 | 元十、 | 1. | Tuent | | | AL EXAMINER | | | |
| | ACTUAL & W | 1 | TU | V | | | | | xx | | DATE SIGNED |
| | SIGNATURE | , , | | | M.I. |). | | | | | |
| | EXAMINER'S | n 1 | 1 - | | 1 1 2 | ASSO | CIATE MEDIC | AL EXAMINER | | 2/12/6 | 0 |
| 24 | NAME (Type) BURIAL CREMATION, 24 | Edwa B. DATE | rd F. | Wi | . Ison, M.D. | OF CREMATO | DV I | 24D. LOCATION | low | 2/12/6 n, ar county) | |
| | MOVAL (Specily) Burial | 2-15- | -69 | | Carver Men | | | Laure | | Maryl | |
| 25 | . DATE REC'D BY HEALTH D | EPT. | 25B. N | AME | OF REGISTRAR | 25C. F | UNERAL DIR | | | ADDRESS | |
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| vs | 51 REV. 1/1/6B | 1969 | 12ly | us | E, Sheyns | MOF | TON & | DYETT | F.H. 1 | 701 L | aurens |

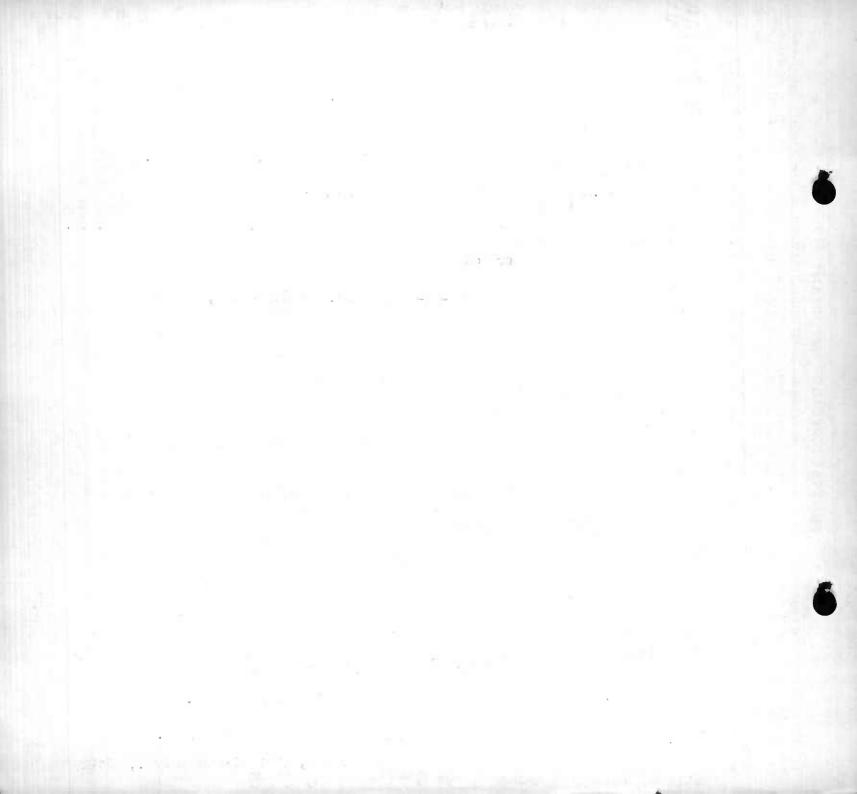
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DIRECTOR:

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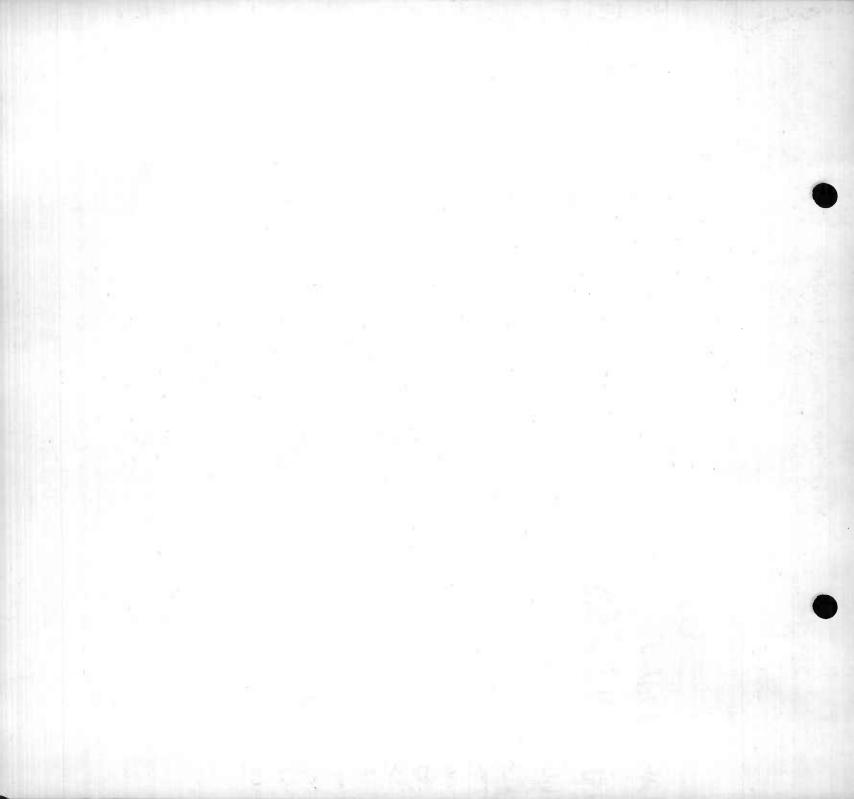
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| FUNERAL DIRECTOR: IMPORTANT | nin | rac | 95 | me |
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| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death | ccid | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such A. | u lu |
| | ate as r | n a | ior | LOV |
| | ifice | A | A | ddt |
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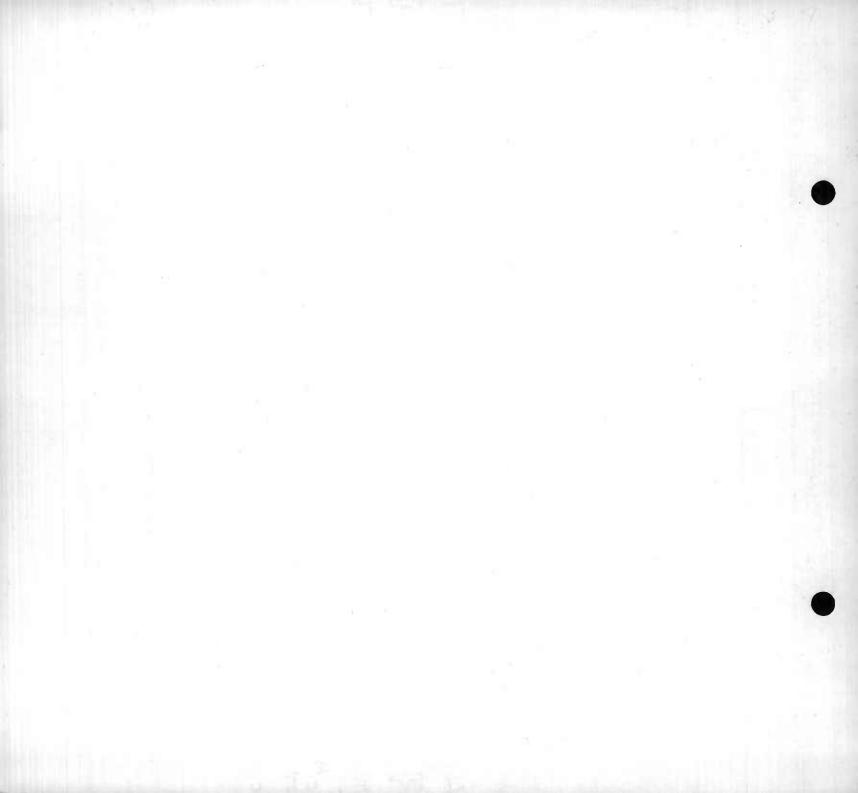
| | 69 1675 | BALTIMORE CITY I | HEALTH DEPARTMENT | | 69 | 1 OME 4 | | | | | |
|-------|--|--------------------------|---|---|-------------------------------|--------------------|--|--|--|--|--|
| | BIRTH NO. 69-024/4 | CERTIFICAT | E OF DEATH | REG. NO. | 03 | 1675 | | | | | |
| | NAME OF DECEASED BOLL BOLL | -1 -1 | 2. DATE AND | D HOUR OF DEATH | . Q | 20 0 | | | | | |
| - | B. PLACE IN BALTIMORE, MARYLAND, WHERE PROTOUNCE | ED DEAD | 4. USUAL RESIDENCE (Whole | deceased lived. If insti | tution: residence | before of mission) | | | | | |
| | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION | 11 | A. STATE B. COUNT | Baltal | 0 1 | 3 - 00 | | | | | |
| - 11- | HOSPITAL OR ADDRESS OR LOCATION | | C. CIPY OR TOWN | D. INSIDE | CITY LIMITS? | 0-00 | | | | | |
| 1 | Marrierate Hosp | _ | Balto | | | 10 🗆 | | | | | |
| 1 | Baltind | 21201 | E. STREET AND NUMBER Weston | Gt | | | | | | | |
| | SEX 6. RACE 7. MARRIED N | DIVORCED 8 | 1-30-69 | ost birthdoy) | If Under 1 Ye. Months Days | If Under 24 Hrs. | | | | | |
| | OA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUS | | 1. BIRTHPLACE (State or foreig | in country! | 12. CITIZEN OF V | WHAT COUNTRY? | | | | | |
| ī | one during most of working sie, even a remed | | md. | | | | | | | | |
| ī | 3. FATHER'S NAME | 1 | 4 MOTHER'S MAIDEN NAM | 1E | | | | | | | |
| | Suresh (hond | Kery | Elech | ner | | | | | | | |
| 2114 | . Was Decased Ever in U. S. Armed Forces? as, no or unknown! (If yas, give wor or dates of service) | SOCIAL NO. | 7. INFORMANT | /) | ADDRES | is _ | | | | | |
| 0 | | | Ken | with to | sanen | MX | | | | | |
| | 18. 7 7 7 1 | CAUSE OF DEATH | * | | APPROX | MATE INTERVAL | | | | | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | | + long |) | | | | | | |
| | (This does not meon the mode of dying, e.g., (A) MMEDIATE CAUSE AND AT WHY OUT | | | | | | | | | | |
| | heart toilure, asthenia, etc. It means the disease, injury ar complication which caused death.) | | | | | | | | | | |
| | ANTECEDENT CAUSES | (0) | | | | | | | | | |
| | DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS A CONSEQUENCE OF: | | | | | | | | | | |
| 1 | underlying condition last. (C) | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | | | | | | | |
| 1 | LIDISEASE OR CONDITION GIVEN IN PART 1 (A). | H OPERATION | 20A. AUTOPSY? (Yes or No.) | 208 IF YES WEDE EIN | DINGS CONSID | ERED | | | | | |
| 01010 | WAS PERFORMED | | ND | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | | | |
| | OR CONTRIBUTION COLOR | E OF INJURY (e.g., in o | or obout 21 C. WHERE DID o bldg., INJURY OCCUR? | (II in Baltimare C | ily, give exect los | cation) | | | | | |
| 1 | DEATH Inotify medical examiner) etc.) | A Secretary and American | | | | | | | | | |
| 1 | - OF INJUR | IRY OCCURRED | 21F. HOW DID INJU | RY OCCUR? | | | | | | | |
| 1. | (APPROX.) While At | Not While [| | | / | 1.0 | | | | | |
| | 22. I certify that (I)(this hospital) attended the deceased from 1969 to 1969 | | | | | | | | | | |
| | that (1) (ve) last sow the deceased alive on 19 67 and that in (my) (our) opinion death accurred on the date | | | | | | | | | | |
| | and haur and fram the causes stated above. (1) (We | (did) (did not) vie | w the bady after death. | | | | | | | | |
| | 23A, SIGNATURE | Attend | ing [] Med [] c | | R DATE SIGNED | / | | | | | |
| | 23C. PHYSICIANS NOETH KOS | KINGLARE Phys. | | hys. | //30 | 169 | | | | | |
| | NAME (Typel | MD 231 | ANATO MAY | ph inh | 1 1 1 | | | | | | |
| 2 | A. BURIAL CREMATION, 124B, DATE 124C, NAME | OF CEMETERY OF CREM | anirers | DUAHOSP | Palit | ma | | | | | |
| | REMOVAL (Specify) | TENTETERS OF CREM. | ATORYUNIVE 24D, LO | WEDICA | lawn, or countyl | C = (State) | | | | | |
| 2 | A. DATE REC'D BY HEALTH DEPT. 25B NAME OF RE | SISTRAR | 25C. FUNERAL DIRECTOR | - MILDICA | L SCHO | JESS . | | | | | |
| | BEB 141969 (20.6-8 | FellowMa | COCC. | | | and d | | | | | |
| 1 | 150-REV. 1/1/68 | 7 1 | | | LUNA | | | | | | |

Ex d Lange in ma the second of the second of the second of the second IMPORTANT

DIRECTOR:

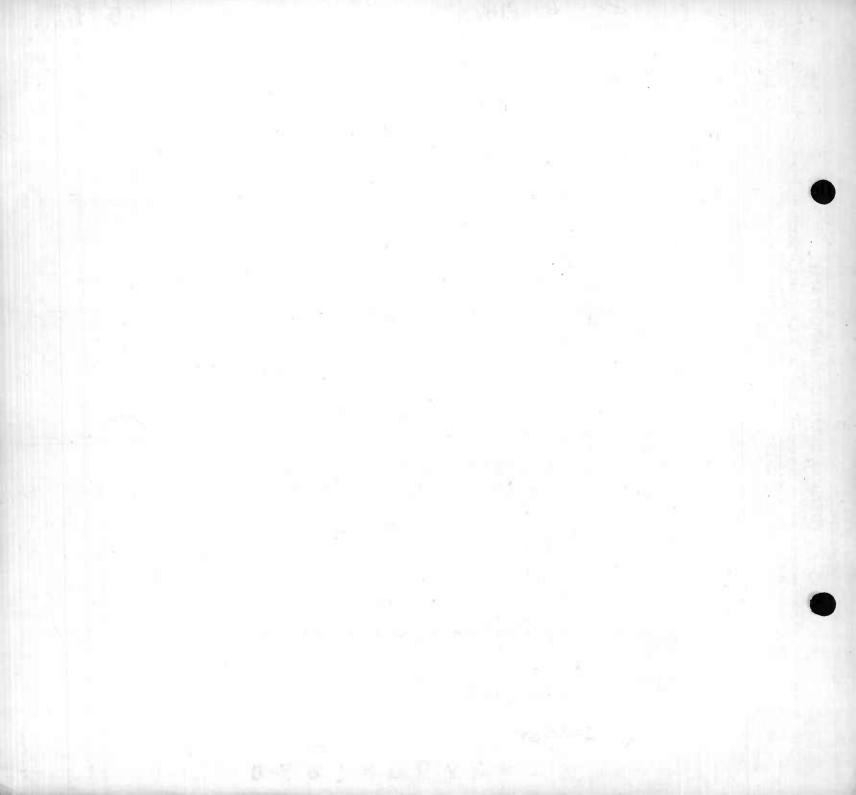
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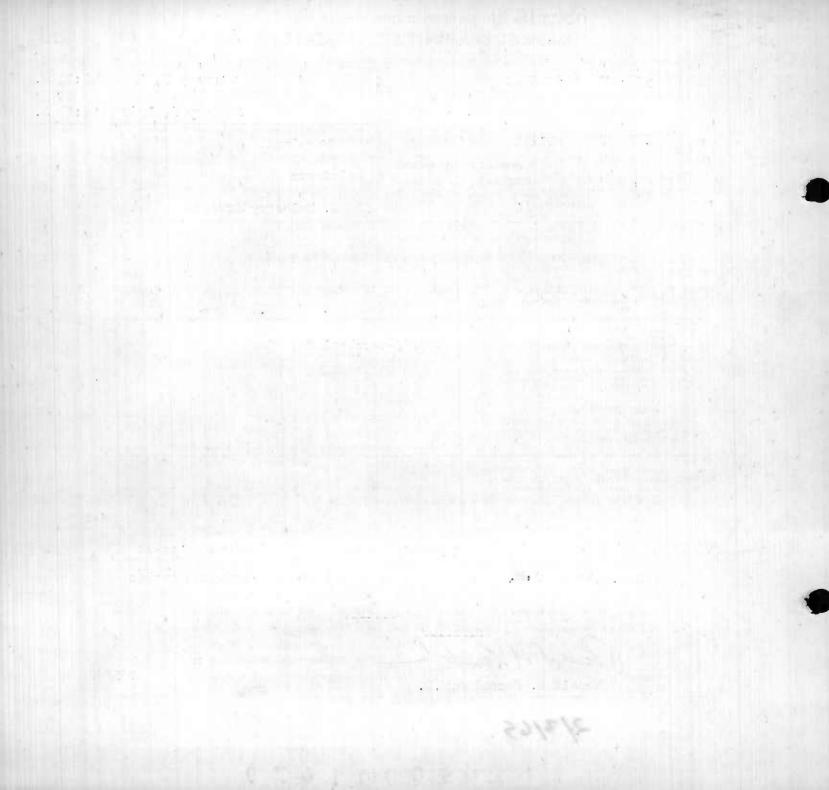
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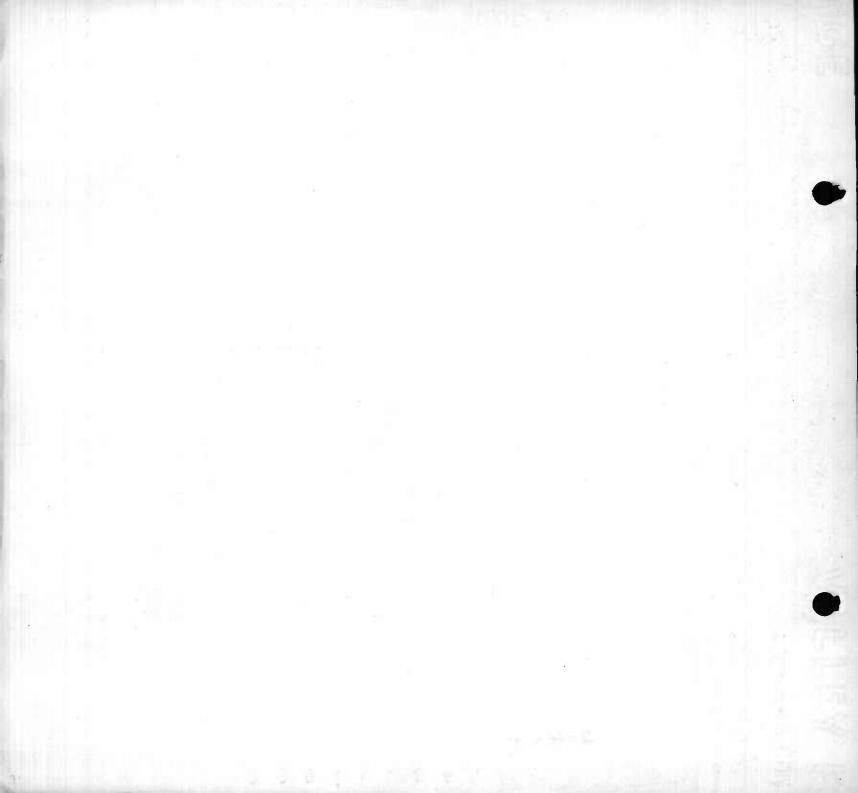
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| 1 | | | MED | ICAI | (E) | KAMINER'S | CE | RTIFIC | CATE O | F DEAT | Ή | 69 | 1680 | 0 |
| BIF | TH NO. | | | | | | | | | | REG. NO | | | |
| | NAME OF DEC | CEASED | | | | | 2. | DATE | Knawn 🗌 | Month | Doy | Year | Haur | |
| (Туі | pe ar Print) (| CHARLES | BASN | IGHT | | | | OF DEATH | Estimated [| Janu | uary 5, 1 | 969 | 7:10 | A . M. |
| 4. | PLACE IN BAL | TIMORE, MA | ARYLAND, W | HERE P | RONG | DUNCED DEAD | 3. | DATE | | Month | Day | Year | Hour | |
| HO | L NAME OF SPITAL INSTITUTION | (IF NO | T IN HOSPITA | LORINS | STITUTIO | ON, GIVE STREET | - | | INCED DEAD | | ary 5, 19 | | 7:10 | |
| 3 | / | ERSITY | HOSPI | TAL | | | | | lary land | ere decedsed II | B. COUNTY | 17 | - 0 1 | ian) |
| 6. | SEX | 7. RACE | | 8. MAR | RIED | NEVER MARRIED | C. | CITY OR | TOWN | | D. INSIDE CIT | Y LIMITS | ? | |
| | Male | Negr | 0 | WIDO | NED [| DIVORCED | | Balti | more | | YE | s 🗆 | NO 🗆 | |
| 9. 1 | DATE OF BIRT | н | 10. AGE (Ir lost birthdo | Veer | If Ur | nder 1 Yr. If Under 24 Hrs. hs: Days , Haurs ₁ Min. | | | Mulber | ry Stree | | | | |
| 11. | BIRTHPLACE (| State or foreig | gn country) | | | CITIZEN OF VHAT COUNTRY? | | . FATHER' | | | | | | |
| 7.66 | UCII AL OCCI | DATIONI/C: | 1: 1 7 11 | TAD WINE | | | 1/ 16 | MOTUE | VC MAIDEN A | 4.445 | | | | |
| dan | e during mast of | warking life, ev | en if retired) | I 4D. KIN | U OF I | BUSINESS OR INDUSTR | ¥ 13 | MOTHER | C2 WAIDEN N | AME | | | | |
| | WAS DECEAS s, na ar unknown | | | | | 17. SOCIAL SECURITY NO. | 18 | . INFORM | MANT | | AD | DRESS | | |
| | 19. | 09. | Y | | _ | CAUSE OF DEA | TH | | | - | | | APPROXIMATE INT | |
| | DICEAC | E OR COND | UTION DIDE | CTLV | | Cranio- | 201 | robra 1 | Injurie | 0.0 | | BEI | TWEEN ONSET AN | D DEATH |
| | | LEADING TO | | LILI | | | | | Lingaria | | | | | |
| | (This daes n | at mean the | mode of dy | ing, e.g., | | (A)IMMEDIATE (DUE TO, OR | AS A | CONSEQ | UENCE OF: | | | | | |
| | Injury or cor | , asthenia, etc nplication whi | ch caused dec | ith.) | | | | | | | | | | |
| | A | NTECEDENT | CALISES | | | (-) | | | | | | | | |
| | | OR CONDITI | | , GIVING | 9 | (B) DUE TO, OR | AS | A CONSEC | QUENCE OF: | ***** | | | | |
| | UNDERLYIN | E ABOVE CA NG CONDIT | USE (A) STAT | ING THE | | | | | | | | | | |
| 20 | | | | | | (C) | | | | | | | | |
| CERTIFICATION | OTHER SIGN | NIFICANT COI | II NDITIONS CO | ONTRIBU | TING | | | | | | | | | |
| E C | TO THE DE. | ATH BUT NOT | RELATED TO | THE TERM | AINAL | | | | | | | | | |
| RTI | | | | | | WHICH OPERATION W | AS | PERFORM | ED | | | 21. AUT | OPSY? (Yes or | No) |
| Ö | 2 | | | | | | | | | yes | | | | |
| K | | NAL CAUSE | | - | 22B. F | PLACE OF INJURY(e.g., farm, factory, street, affic | in | or obout 2 | 2C. WHERE DIE | (If in Baltima | re City, give exac | t lacation |), , | |
| E | UNDERLYING UTING CA | | | | hame | Probably r | na i | rket | NJURY OCCUR | Lexingt | on Market | t 4 | 1-01 | |
| Σ | 22D. TIME | (Month) ([| Doy) (Year |) (Hou | r) 2: | ZE.INJURY OCCURRED | | 2 | 2F. HOW DID | | | | | |
| | OF INJURY (APPROX.) • | Jan.4,1 | .969 | A M. | m. W | VHILE AT NOT | VOR | KX | Tound at | Lexing | ton Marke | et | | |
| | | ify that I h | eld an 1 | nquiry | | Inspection Au | ıtap | sy 🔀 | and that an | this basis, | death In my o | pinian | | |
| | | ted fram: N | | | | ccident Suici | - | | micide | | ned manner | 7 | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 7 | 11. | 1 | 7 | | | CHIEF MEDICA | | | | | |
| | ACTUAL SIGNAT | 11/1 | wed | U | lu | who have |). | | STANT MEDICA | | | | DATE SIGN | ED |
| | EXAMIN NAME (| _{Type)} Ro | | . Ko | | lum, M.D'. | | | CIATE MEDICA | MYB | DARDO | 1/5/ | 69 LARVI | A NU |
| | A. BURIAL CRE MOVAL (Speci | | 24B. DATE | 11 | 24 | C. NAME of CEMETERY | ar | CREMATO | INIVE | D. LOCATION | (City, tawn, | ar count | CLIO |) 1 De 1.23 |
| 25 | A. DATE REC'D | DV HEALTH | DEPT 5/ | 250 | JAAAF | OF REGISTRAR | - | 250 5 | UNERAL DIREC | TOP | MILDI | DRESS | SUIIII | 14 |
| 23 | A. DATE REC D | EB 14 | 1969 | 235, 1 | ANIME | J. Jankar | | 230. | MORTU | ARY S | SERVICE | 7 | BCHD | |
| VS | 151-REV. 1/1/6I | 3 1/3 | 100 | LX | 7 | 6900 | - | 1 | 6 7 | 9 | | | | 1/ |
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| | this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased shows D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. | |
| | W. A. A. D. | |
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| | | CO 41 | DALIMOKE CITT | HEALTH DEPARTMENT | | |
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| OLD LITCH | | 69 16 | CERTIFICA | TE OF DEATH | REG. NO | 69 1681 |
| INAME OF | DECEASED | | | 2. DATE AN | NO HOUR OF DEATH | 170 1001 |
| Type or Print | | TURPI | V | JAN | 31,1969 | 6000 |
| PLACE IN | BALTIMORE, MARY | LAND, WHERE PR | ONO UNCED DEAD | 4. USUAL RESIDENCE (Whe | re deceased lived. If in | stitution: residence before admissio |
| ULL NAME HOSPITAL OF NSTITUTION | OF (IF NOT IN | N HOSPITAL OR II | NSTITUTION, GIVE STREET | MD C. CITY OR TOWN | Ba 116. | CO. 53-0 |
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| 38 | | | | 7229 FA | IRBROOK | . KD |
| · SEX | 6. RACE | | RIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH AUG- 4, 1907 | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| | | | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fore | ign country) | 12. CITIZEN OF WHAT COUNT |
| one during mo | st of working life, even | | | | | USA |
| 3. FATHER'S | 6- INSTRU | KIUK | | 14. MOTHER'S MAIDEN NA | MF | 3,7 |
| - I AIIIER 3 | | | | THE STANDER NA | | |
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| | nsed Ever in U.S. A nown) (If yes, give w | | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
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| TO THE D | DEATH BUT NOT RELA OR CONDITION GIVE OF OPERATION | ATED TO THE TERMI EN IN PART 1 (A), | | 20 A. AUTOPSY? (Yes or No | OF 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
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VS 151-REV. 1/1/6B

69 1682 BALTIMORE CITY HEALTH DEPARTMENT

| BIR | TH NO. | | MEDI | CAL | EXAM | AINER'S | CERTIFI | CATE OF | DEAT | H REG. NO. | 69 | 1682 | |
|-----------------|--|---|--|---|------------------------------|--|------------------------------------|--|---|-------------|--------------------------------|---|----|
| 4. FUI HO | NAME OF DECI De or Print) W PLACE IN BALT L NAME OF SPITAL INSTITUTION | ILLIAM IMORE, MARY (IF NOT II ADDRESS | LAND, WHOSPITAL OR LOCATION | OR INSTI | DNOUNCE TUTION, GIV | | | Known Estimoted UNCED DEAD ESIDENCE (Where | | | Yeor 69 Yeor 1969 n: residence | Hour 8:20 a Hour 8:20 a before odmission) | |
| J | Male | Mercy I | | MARRII WIDOWI | ED NEV | DIVORCED | | | illa | D. INSIDE C | ES | NO 🗆 | |
| 11. | BIRTHPLACE (St | ote or foreign | country) |) / | 2. CITIZEN | S Hours Min. | 12: | Cheapsid | | | | | |
| 16. (Ye: | WAS DECEASE | D EVER IN U. | S. ARMED I | FORCES? | 7 17. SC SE | CURITY NO. | 18. INFOR | TNAM | | A | DDRESS | | |
| CERTIFICATION | (This does no heart foilure, injury or com AN DISEASES O RISE TO THE UNDERLYIN OTHER SIGNITO THE DEA | OR CONDITI EADING TO D I meon the mosthenio, etc. It plicotion which of R CONDITION ABOVE CAUS G CONDITION FICANT COND FICANT COND TO TREE CONDITION GI | DEATH ode of dyin meons the d coused deoth AUSES NS, IF ANY, E (A) STATII N LAST. ITIONS COI | g, e.g., liseose, h.) GIVING NG THE | | (B) DUE TO, OR | CAUSE AS A CONSEC AS A CONSE | | | | ge | PPROXIMATE INTERV. | |
| CERTI | | | | | OR WHICH | OPERATION W | AS PERFORA | NED | | | 21. AUT | OPSY? (Yes or No | >) |
| MEDICAL | UNDERLYING UTING CAL 22D. TIME (I OF INJURY (APPROX.) 23. | fy that I half | d an Incoural cous | (Hour) | 22E.INJU WHILE AT WORK | JRY OCCURRED NO AT V Dection At Suici M.I | T WHILE WORK WORK H | erection on the total control of the | his basis, Undotermi EXAMINER EXAMINER | dooth in my | opinlan | DATE SIGNED | |
| | A. BURIAL CREM MOVAL (Specify | ATION, 24B | nald Mark | 169 | -24C. NAN | NE of CEMETERY | or CREMATO | NIVERSI | TY M | EDICA | n, dr coumy | | |
| 25 | A. DATE REC'D | PEB | Pf. 1963 | 25B. NA | AME OF RE | GISTRAR | 25C. | FUNERAL DIRECT | OR RV | SEDVIC | ADDRESS | осно | |

The second second William I am institut masini inimpasyolities vilanguascell manaka . Alamana 2/11/69

1683 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED
(Type or Print)
LEROY 2. DATE Known Month Hour Yeor OF Estimoted X BOGOE DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Year Hout PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF January 13, 1969 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Sinai Hospital (DOA) 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Baltimore WIDOWED DIVORCED YES K male negro NO If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 9. DATE OF BIRTH 10. AGE (In years E. STREET AND NUMBER lost birthdoy) 3812 Cottage Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. IB. INFORMANT **ADDRESS** (Yes, no or unknown) (Il yes, give wor or dotes of service) APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Emphysema and Acute Bronchitis LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)__ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Acute Alcoholic Intoxication DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes Z 22A. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my apinian resulted from: Natural causes X Suicide Hamicide Undetermined manner _ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X M.D. SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Werner U. Spitz, M.D. NAME (Type) CO AG LAC 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 1 24D. LOCATION (City, town, or coonly) (Stote) REMOVAL (Specify)

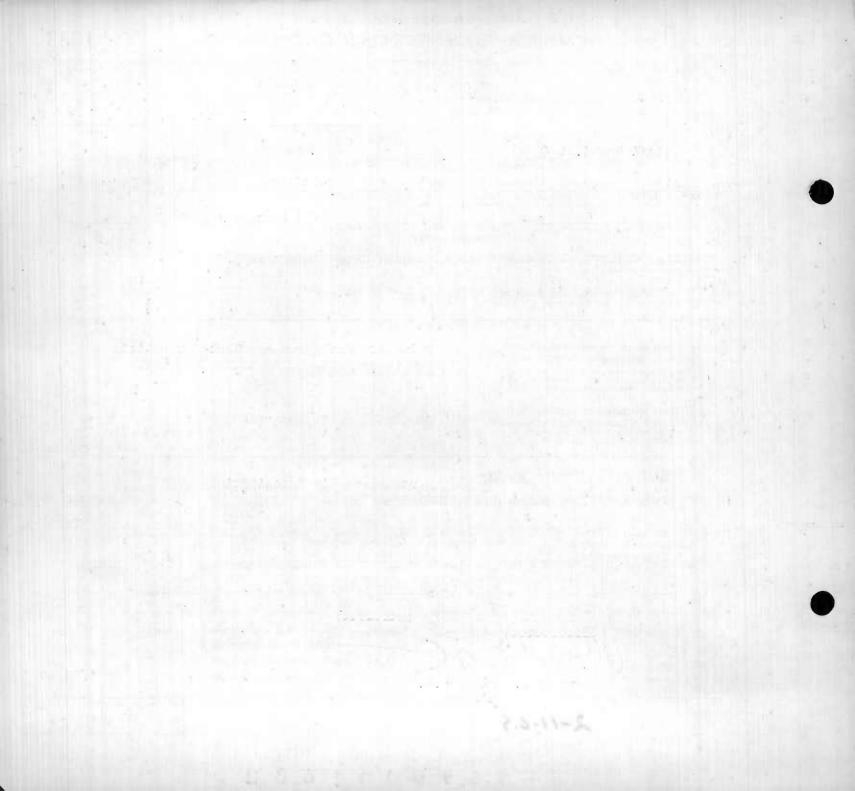
25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25C. FUNERAL DIRECTOR

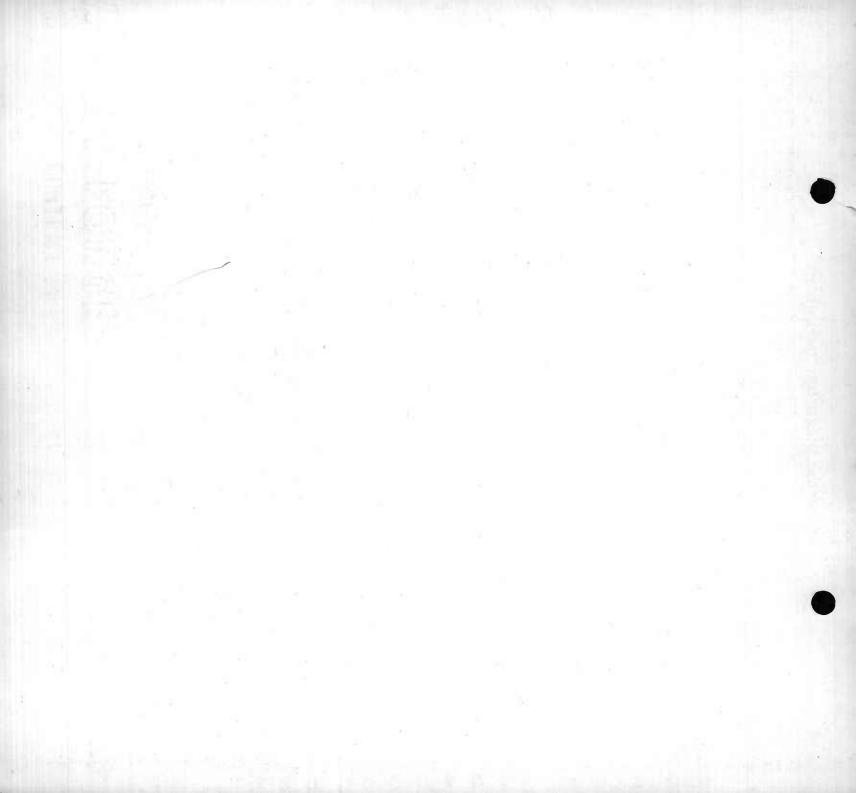
ADDRESS



1684 1:15 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A, STATE
B, COUNTY D. INSIDE CITY LIMITS? NO Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A- AUTOPSY? (Yos or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (il In Baltimare City, give exoci location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED 2-12-69 Provident Hospital, 1514 Division Street deceased p (City, tawn, or county) 25A, DATE REC'D BY HEALTH DEPT ADDRESS Jan Benta 348 VS 150-REV. 1/1/68

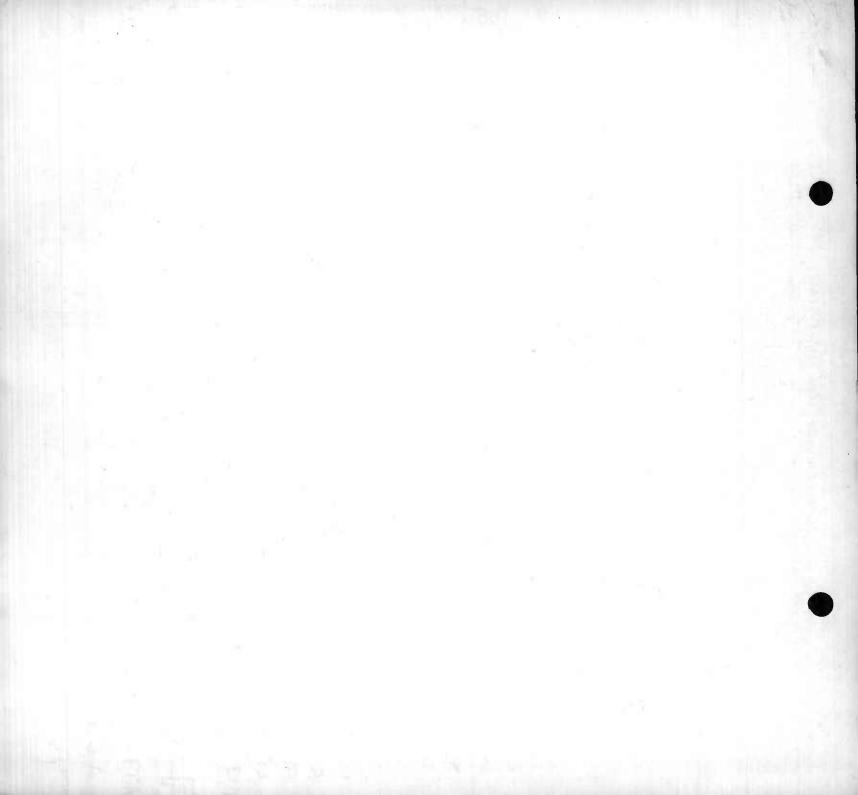


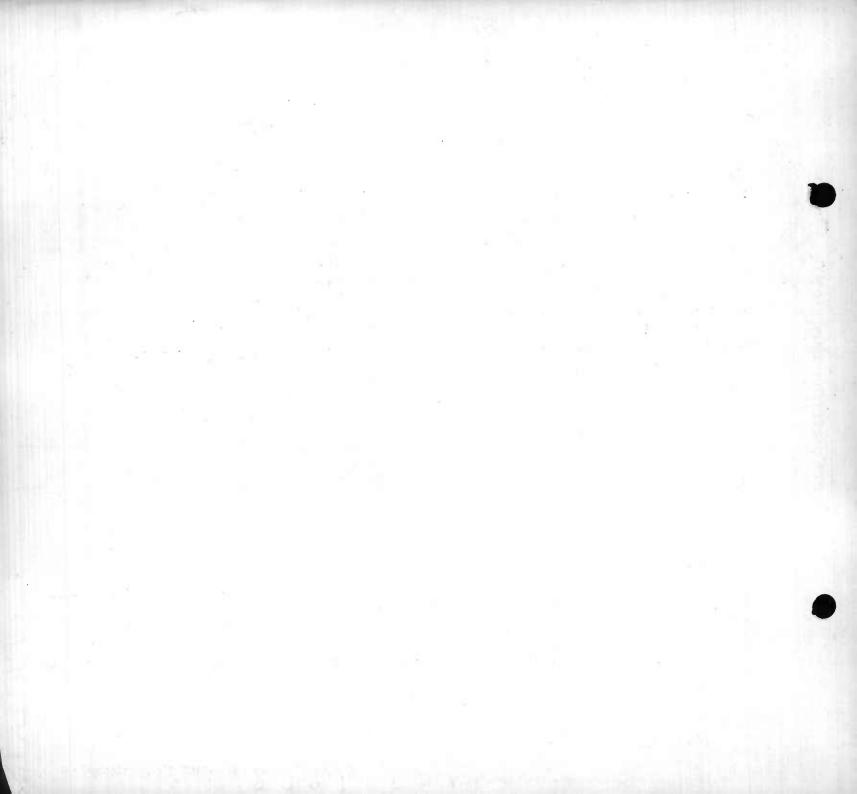
BALTIMORE CITY HEALTH DEPARTMENT



| This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance an the deceased prior to death. Such | months and an about the about and before the sometime was comballed by Sinal disposition is more |
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|--|--|

| -C2 69 1686 BALTIMORE CITY | Y HEALTH DEPARTMENT |
|--|--|
| -525 69 1686 CERTIFICA | ATE OF DEATH REG. NO. 69 1686 |
| BIRTH NO. | |
| Type of Signary ROV 1511COC (R) | 2. DATE AND HOUR OF DEATH |
| DABY DUY HENSON (P) | FEBRUARY 121969301, |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence defore admission A. STATE B. COUNTY |
| FILL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CAVE STREET | BALT. MD 15-02 |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| 1 /LUTHERAN HOSPITAL | 1338 R. FULTON YES & NO |
| 46 | E. STREET AND NUMBER |
| 10 | |
| S. SEX 6. RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hr |
| 1. C. C. MARKIED NEVER MARKIED | 7 7 CO last birthday Manths Doys Haurs Min. |
| MALE NEGLE WIDOWED DIVORCED | |
| OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working file, even if retired) | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR |
| NEWBORN | BRUTMORE, MARYLAND |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | BARBARA MELLEN |
| | BARBARA HENSON |
| S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT |
| | BARBARAHENSON 1338N FULT ONL |
| 18. 3 / CAUSE OF DEAT | ATTROAMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEA |
| LEADING TO DEATH | USE Prematurity 5 days |
| (This does not mean the made all dying, e.g., (A) IMMEDIATE CAL | A CONSEQUENCE OF: |
| heart foilure, osthenia, etc. II means the disease, | A CONSEQUENCE OF: |
| injury or complication which coused death.) | |
| ANTECEDENT CAUSES (B) | |
| The state of the s | S A CONSEQUENCE OF: |
| rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C) | |
| (-) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED |
| 19A. DATE OF OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 210 ACCIDENT WAS UNDERLYING TO 210 BLACE OF INVITED AC | in or should 21 C WHERE DID. (If in Bultimore City single and burtle) |
| OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., a home, form, factory, street, a | in or about 21C. WHERE DID Affice bidg., INJURY OCCUR? |
| DEATH (notify medical examiner) etc.) | |
| 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) Feb. 12, 1948 13 While At Not While At Work At Work | ile 🖳 |
| | 7 7 |
| 22. I certify that (I) (this haspital) attended the deceased from | 2-7 1969 to Feb. 12 1969 |
| that (1) (we) last sow the deceased alive an tel | 19 6 7 and that in (my) (aur) apinion death accurred an the do |
| and hour and from the causes stated above. (1) (We) (did) (did nat) | |
| 23A. SIGNATURE | 238. DATE SIGNED |
| Au de la | ^ |
| Vilma J. Jadalan DEGREE Phy | ys. Director Phys. A 2/12/69 |
| 23 C. PHYSICIAN'S NAME (Type) | 23D. ADDRESS |
| VIIMA E. TADALANI | LWHERAN HOSP. OF MA. |
| 24A. BURIAL CREMATION. 24B. DATE , 24C. NAME of CEMETERY of CR | REMATORY 24D. LOCATION (City, town, or county) (State) |
| RREMOVALUSPECITY 2/14/69 MY DUDUN | RAYPAD |
| Jume 2/19/69 1"14 10000 | 10ALC |
| 25 A. DATE REC'D TY HEALTH DEPT O 25 B. NAME OF REGISTRAR | 25C. FUNERAL/DIRECTOR Source 638N GEMVI ST |
| Hobring Christian a | Month want planter 628 M GICMIN ON |
| VS 1SO-REV, 1/1/6B | THE YOUR DESIGNATION OF THE PERSON OF THE PE |
| | |





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If Under 24 His.

APPROXIMATE INTERVAL ST

ADDRES

a.



| CHE CITY HEALTH DEPARTMENT CO 4000 |
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| IFICATE OF DEATH REG. NO. 69 1689 |
| 2. DATE AND HOUR OF DEATH |
| 2/9/69 2 45 |
| 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admis A. STATE B. COUNTY |
| |
| C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| |
| E. STREET AND NUMBER YES NO |
| 2745 BERYL AVE |
| RRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. , If Under 24 |
| iost birindoyi Manths: Days i Houis : M |
| INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COU |
| The Contract of What cou |
| 11.0. 11.00 |
| 14. MOTHER'S MAIDEN NAME |
| 71x Knoum/ |
| 17. INFORMANT ADDRESS |
| 10. Machine Machines 10: Par |
| DF DEATH APPROXIMATE INTERN |
| BETWEEN ONSET AND E |
| 0 |
| DIATE CAUSE TO, OR AS A CONSEQUENCE OF: |
| |
| 14 ASCUM |
| O, OR AS A CONSEQUENCE OF: |
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| |
| ON 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED |
| ON 20A-AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| IV U |
| JRY (e.g., in at about 21 C. WHERE DID (If In Boltimare City, give exoct lacotion) street, affice bidg., INJURY OCCUR? |
| |
| RRED 21F. HOW DID INJURY OCCUR? |
| Not While At Work |
| om 7 8 19 69 to 2 9 19 6 |
| 69 19 69 and that In(my) (our) opinion death occurred on the |
| ld not) view the body ofter death. |
| |
| Attending Med. Staff S |
| GREE Phys. Director Phys. D |
| 23D. ADDRESS |
| DEGREE Johns Hopkins Hospital |
| |
| Coly, lawn, or edunity |
| Drank Em AA |
| wary Em Qa.Co ma |
| 24D. LOCATION (City, town, or county) (State (State (City, town, or county) (State (State (City, town, or county) (State (A) (D) (A) (City, town, or county) (State (A) (City, town, or county) (State (City, town, |
| |

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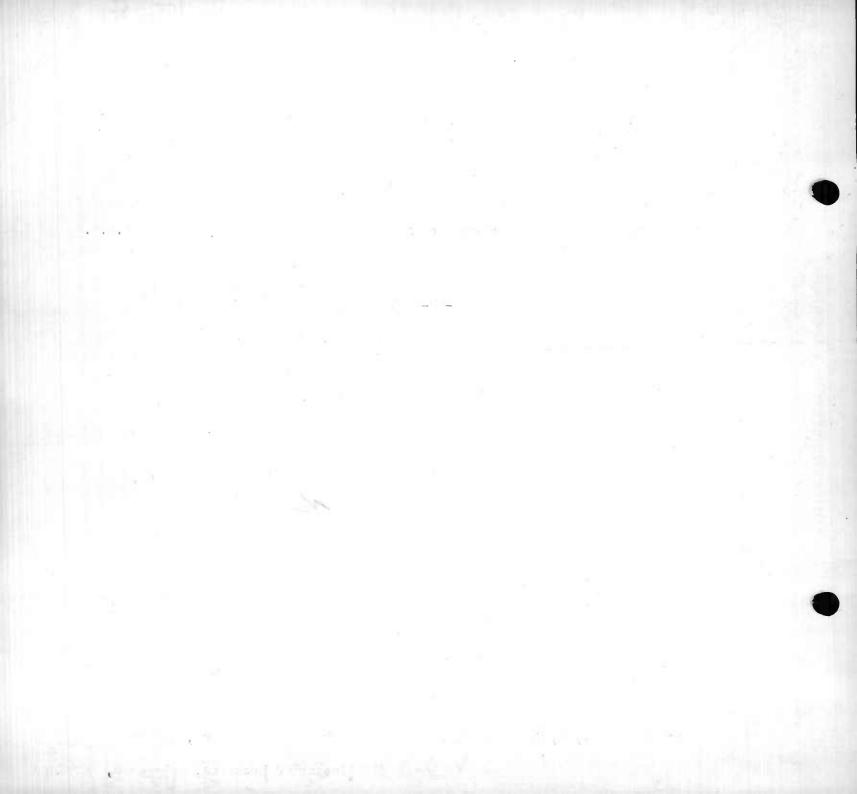
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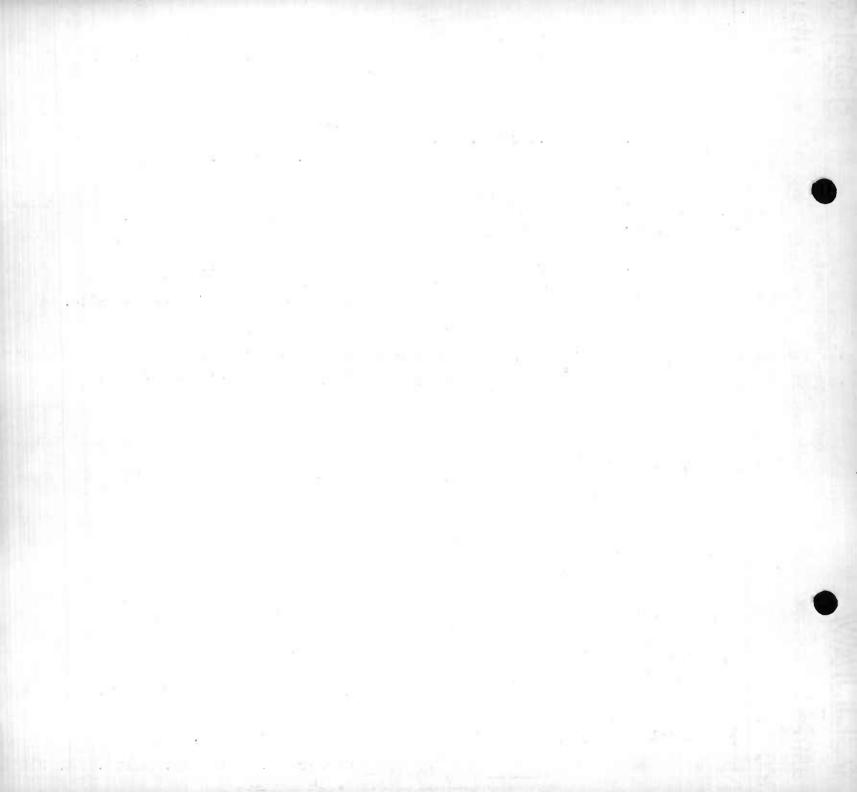
FUNERAL DIRECTOR:

| BIRTH NO. | · O | 9 16 | 91 BALTIMORE CIT | | PEC NO | 69 1691 |
|--|--|--|--|--|---|---|
| I.NAME OF D | COLAGE | | CERTIFICA | TE OF DEATH | REG. NO | |
| (Type or Print) | KINNAIRD, Th | omas M. | | 2. DATE A | NO HOUR OF DEATH | 8:05 A |
| 3. PLACE IN B. | ALTIMORE, MARYLAND, V | WHERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (Wh | ere deceased lived. If i | institution: residence before admission |
| FULL NAME OF HOSPITAL OR | OF (IF NOT IN HOSPIT ADDRESS OR LOC | TAL OR INSTIT ATION) | UTION, GIVE STREET | Maryland c. City OR TOWN | Ballo.co. | 53-00 |
| 23 | Veterans Admi 3900 Loch Rav | | | Baltimore E. STREET AND NUMBER | | YES NO X |
| | Baltimore, Ma | ryland | 21218 | 2509 Hillcre | st Avenue | |
| 5. SEX | 6. RACE | 1 | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost bighday) | Il Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| Male | White | WIDOWED] | DIVORCED [| 1/11/01 | 1 68 | Tiburs Min. |
| come during most (| or morking me, even it tellied) | 1 | | 11. BIRTHPLACE (Stote or lore | | 12. CITIZEN OF WHAT COUNT |
| | esman | Baker | су | Clarksburg, W. | . Va. | U.S.A. |
| 13. FATHER'S N. | AME | | | 14. MOTHER'S MAIDEN NA | ME | |
| Charle | es Kinnaird | | | Myrtle Reed | | |
| 5 Was Dassas | ed Ever in U. S. Armed For | ces? | 1 6. SOCIAL SECURITY NO. | 17 111001444 | spital Recor | ADDRESS |
| Yes | 10/43 - 6/ | | 233-18-0974 | | - | |
| 18. | 2 / 1 | 44 | CAUSE OF DEAT | 3900 Loch Raver | DIVU. DAL | to., Md 21218 |
| DISE | ASE OR CONDITION DI | RECTLY | | | | BETWEEN ONSET AND DEA |
| | LEADING TO DEATH | | (A) IMMEDIATE CAU | Bronchogenic | Carcinoma | month |
| heou loiture | not mean the mode of , asthenia, etc. It means | dying, e.g., | | A CONSEQUENCE OF: | ****************** | - MFOURS |
| injury or co | implication which caused | dooth.) | | | | - / - 773 |
| | ANTECEDENT CAUSES | | (0) | | | |
| DISEASES | OR CONDITIONS, II | ony, giving | DUE TO, OR AS | A CONSEQUENCE OF: | | |
| UNDERLYIN | he above cause (A) | stoling the | | | | |
| | 11 | | (c) | | ************************ | |
| = I IO THE DEA | IFICANT CONDITIONS COI ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART | HE TERMINAL | | WA right | | Weelen |
| & IDISEASE OR | | 1 100/0 | | | | |
| U IPA. DATE O | OF OPERATION 198 CONI WAS PERF | DITION FOR Y | HICH OPERATION | 20A. AUTOFSY? (Yes or No | 208, IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| 19A. DATE O | OF OPERATION 198 CONI WAS PERF | DITION FOR V | | Yes | IN CERTIFYING CA | 162 |
| 19A. DATE O | OF OPERATION 198. CONT WAS PERF | DITION FOR V | | | IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? TOS City, give exect location) |
| 19A. DATE OF 21A. ACCIDI OR CONTRIB DEATH (notify of 21D. TIME | OF OPERATION 198 CONI WAS PERF | DITION FOR VORMED | PLACE OF INJURY (e.g., in b, lorm, lociory, sheet, off | Yes or obout 21 C. WHERE DID inco bidg. INJURY OCCUR? | IN CERTIFYING CA | 162 |
| 19A. DATE OF 21A. ACCIDI OR CONTRIB DEATH (notif of INJURY | PROPERATION 198. CON WAS PERF | DITION FOR VORMED 218. homelc.] (Hour) 218. While | PLACE OF INJURY (e.g., in, iorm, lociory, sheet, off | Yes por obout 21 C. WHERE DID INJURY OCCUR? | IN CERTIFYING CA | 162 |
| 19A. DATE OF 19A. DATE OF 19A. ACCIDIO OR CONTRIB DEATH (notification of 19A) OF 19A (APPROX.) | PROPERATION 198. CON WAS PERFECT WAS UNDERLYING DUTING CAUSE OF y medicol exomined (Month) (Doy) (Year) | OHOUN FOR VEORMED 218, homelec (Houn) 21E, Whill World | PLACE OF INJURY (e.g., In, Iom, Iociory, Street, oil | Yes por obout 21C, WHERE DID injury occur? | (If in Soltimor | e City, give exoct locotion) |
| DEADE OR 19 19 A. DATE OF 19 A. A. CCIDI OR CONTRIB DEATH (notif of injury (APPROX.) | PROPERATION 198. CON WAS PERFETT WAS UNDERLYING DAUSE OF Wedical examines (Month) (Day) (Year) | OHION FOR VEORMED 218. homelc. (Hour) 218. While World Wor | PLACE OF INJURY (e.g., Inc., Iom, Ioclory, sleet, off INJURY OCCURRED At Not White At Work deceased from Je | Yes per obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ 21 T. HOW DID INJ 21 T. HOW DID INJ | (If In Soltimor | 162 |
| DEADE OR 19 19 A. DATE OF 19 A. A. CCIDI OR CONTRIB DEATH (notif of injury (APPROX.) | PROPERATION 198. CON WAS PERFECT WAS UNDERLYING DUTING CAUSE OF y medicol exomined (Month) (Doy) (Year) | OHION FOR VEORMED 218. homelc. (Hour) 218. While World Wor | PLACE OF INJURY (e.g., Inc., Iom, Ioclory, sleet, off INJURY OCCURRED At Not White At Work deceased from Je | Yes por ebout 21 C. WHERE DID fice bidg. INJURY OCCUR? 21 F. HOW DID INJ 21 DATE OF THE OCCUR? | URY OCCUR? | e City, give exect locotion) ruary 13th 19 69 |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and hour on | PROPERATION 198. CON. WAS PERFECT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) y that (1) (this hospital) lost saw the decease and from the causes state | OHION FOR VEORMED 218, homeled (Hour) 21E, Whill World) attended the delive an | PLACE OF INJURY (e.g., In, Iom, Iociory, sheet, old INJURY OCCURRED At At Work deceased from Ja February 13th | Yes of obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ anuary 17th 1 19 69 and the | URY OCCUR? | e City, give exect locotion) ruary 13th 19 69 |
| 21A. ACCIDION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAPPROX.) 22. I certify that (y) (we | PROPERATION 198. CON. WAS PERFECT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) y that (1) (this hospital) lost saw the decease and from the causes state | OHION FOR VEORMED 218, homeled (Hour) 21E, Whill World) attended the delive an | PLACE OF INJURY (e.g., In, form, lociory, sheet, off INJURY OCCURRED At Not White At Work deceased from Je February 13th (We) (did) (did) (did/nby) vi | Yes per of obout 21C. WHERE DID injury occurs 21F. How DID INJ 21F. How DI | URY OCCUR? | e City, give exoct locotion) ruary 13th 19 69 |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and hour on | PROPERATION 198. CON. WAS PERFECT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) y that (1) (this hospital) lost saw the decease and from the causes state | OHION FOR VEORMED 218, homeled (Hour) 21E, Whill World) attended the delive an | PLACE OF INJURY (e.g., In, Iom, Ioclory, sheet, off INJURY OCCURRED At Not White At Work deceased from Je February 13th (We) (did) (A)A/noy vi | Yes per obout 21C. WHERE DID inco bidg. INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the lew the body ofter death. | IN CERTIFING CA (If In Soltimor URY OCCUR? 19 69 to Feb of In (Mill (aur) opt | ruary 13th 19 69 nian death occurred on the da |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (f) (we and hour on 23A. SIGNAT! | PROPERATION 198. CON. WAS PERFENT WAS UNDERLYING DUTING CAUSE OF y medicol exomined (Month) (Doy) (Year) y that (1) (this hospital)) lost saw the decease of the decease | OHION FOR VEORMED 218, homeled (Hour) 21E, Whill World) attended the delive an | PLACE OF INJURY (e.g., in p. form, lociory, sleet, off injury occurred injury occurred At Work edeceased from Jatrows (We) (did) (A)A/noy) vi | Yes per obout 21C. WHERE DID inco bidg., INJURY OCCUR? 21F. HOW DID INJ 2 | IN CERTIFYING CA (If in Soltimor URY OCCUR? 19 69 to Feb ot In (Aut) (aur) opli | ruary 13th 19 69 nion decth occurred on the do 238. DATE SIGNED February 13, 1969 |
| DISEASE OR 19 19 21 A. ACCIDIOR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (1) (we and hour on 23A. SIGNATI | PROPERATION 19R. CON. WAS PERFECT WAS UNDERLYING CAUSE OF by medicol exomined (Month) (Doy) (Year) Ty that (1) (this hospital) lost saw the decease and from the causes state URE | (Hour) 21E. Whill World attended the dalive an | PLACE OF INJURY (e.g., In, form, lociory, street, off injury occurred to the control of the cont | Yes Der obout 21C. WHERE DID Sico bidg., INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the Sew the body ofter death. Iding Med. Director 1 30. ADDRESS 3900 I | IN CERTIFING CA (If in Soltimor URY OCCUR? 19 69 to Feb of In (Aut) (our) opli Shoff X och Raven B | ruary 13th 19 69 nion death occurred on the do 238 DATE SIGNED February 13, 1969 oulevard |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (f) (we and hour on 23A. SIGNAT! 23C. PHYSICI, NAME (| PROPERATION 198. CON. WAS PERFECT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) (Year | (Hour) 21E. Whill work of attended the dalive an | PLACE OF INJURY (e.g., In, Iom, Ioclory, sheet, off INJURY OCCURRED At Not White At Work deceased from Jc February 13th (We) (did) (A)A/noy vi Decree | Yes Der obout 21C. WHERE DID Sico bidg., INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the Sew the body ofter death. Adding Med. Director D Baltim | IN CERTIFING CA (If in Soltimor URY OCCUR? 19 69 to Feb or In (M) (cur) opli Shoff X phys. X Lore, Maryla | ruary 13th 19 69 ruary 13th 19 69 rian death occurred on the da 238 DATE SIGNED February 13, 1969 oulevard nd 21218 |
| DISEASE OR 19 19 21 A. ACCIDI OR CONTRIB DEATH (notified of injury (APPROX.) 22. I certify that (I) (we and hour on 23A. SIGNATI NAME (1) 19 19 19 19 19 19 19 19 19 19 19 19 19 | PROPERATION 198. CON. WAS PERFENT WAS UNDERLYING | (Hour) 21E. Whill World attended the dalive an | PLACE OF INJURY (e.g., in p. lorm, lociory, sleet, off injury occurred injury occurred at Work edeceased from Jatron (We) (did) (did) (did) (noy) vi | Yes Der obout 21C. WHERE DID Dico bidg., INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the lew the body ofter death. Adding Med. Director D Baltim MATORY 24D. LC | IN CERTIFING CA (If In Soltimor URY OCCUR? 19 69 to Feb ot In (M) (our) opli Shoff X Phys. X OCH Raven B OCATION (Cit | ruary 13th 19 69 nion deoth occurred on the do 238. DATE SIGNED February 13, 1969 oulevard nd 21218 y, town, or county) (Sioto) |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notification of injury (APPROX.) 22. I certify that (y) (we and hour on 23A. SIGNATURAL CRI REMOVAL BURIAL CRI REMOVAL BURIAL CRI BURIAL CRI REMOVAL BURIAL B | PROPERATION 198. CON. WAS PERFENT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) The property of the p | OHION FOR VEORMED 218. homelcJ (Hour) 21E. Whill World attended the delive an ed above. (A) RDES, M. Morel | PLACE OF INJURY (e.g., Inc., lorm, loclory, sleet, off injury occurred at Work | Yes Derobout 21C. WHERE DID Dico bldg. INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the lew the body ofter death. Inding Med. Director Director Baltim MATORY 24D. LC | IN CERTIFING CA (If in Soltimor URY OCCUR? 19 69 to Feb or In (M) (cur) opli Shoff X phys. X Lore, Maryla | ruary 13th 19 69 rland death occurred on the do 238. DATE SIGNED February 13, 1969 oulevard and 21218 y, town, or county) (Siote) cryland |
| DISEASE OR 19 19 21 A. ACCIDIO OR CONTRIB DEATH (notification of injury (APPROX.) 22. I certify that (y) (we and hour on 23A. SIGNATURAL CRI REMOVAL BURIAL CRI REMOVAL BURIAL CRI BURIAL CRI REMOVAL BURIAL B | PROPERATION 198. CON. WAS PERFENT WAS UNDERLYING CAUSE OF y medicol exomined (Month) (Doy) (Year) The property of the p | OHION FOR VEORMED 218. homeles 218. homeles 218. homeles While World attended the delive an ed above. (1) 240. NA 258. NAME OF | PLACE OF INJURY (e.g., Inc., lorm, loclory, sleet, off injury occurred at Work | Yes Der obout 21C. WHERE DID Dico bidg., INJURY OCCUR? 21F. HOW DID INJ Panuary 17th 1 19 69 and the lew the body ofter death. Adding Med. Director D Baltim MATORY 24D. LC | IN CERTIFING CA (If in Soltimor URY OCCUR? 19 69 to Feb of In (Mill (our) option Shoff X coch Raven B occh Raven B occation (cit altimore, Ma | ruary 13th 19 69 nion deoth occurred on the do 238. DATE SIGNED February 13, 1969 oulevard nd 21218 y, town, or county) (Sioto) |

FUNERAL DIRECTOR: IMPORTANT

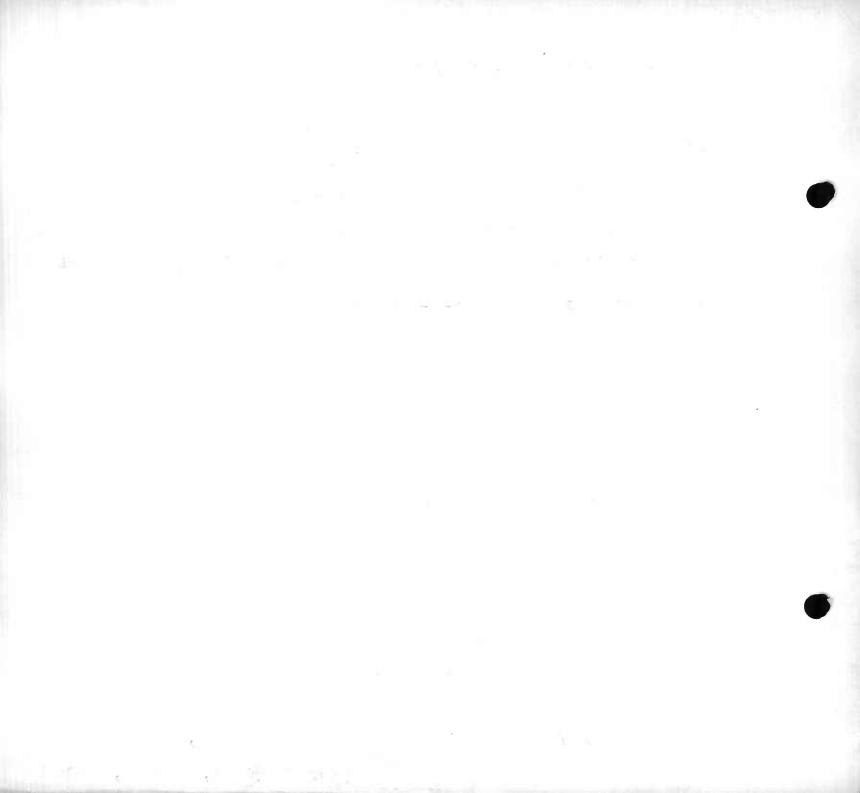
| | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 4000 |
|---|--------------------------------|------------------------------|--|---|
| 69 169 | 32 CERTIFICA | TE OF DEATH | REG. NO. | 69 1632 |
| NAME OF DECEASED | 4 | | HOUR OF DEATH | 015 |
| Type or Print) MANSANET Lu | DER | FEB | 13 1969 | 1 8 -AA |
| 3. PLACE IN BALTIMORE, ARYLAND, WHERE PRONG | DUNCED DEAD | 4. USUAL RESIDENCE (Where d | eceosed lived. Il institutio | on: residence beloro odmission |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTI | TUTION. GIVE STREET | Md. | | 17-59 |
| HOSPITAL OR ADDRESS OR LOCATION) | A . | C. CITY OR TOWN | D. INSIDE CI | TY LIMITS? |
| 10 No. 101 01 14 | the huse | 15a(10. | YES | No 🗌 |
| 48 Mary Jana | or way. | E. STREET AND NUMBER | ODA COM! | 1. 2.000 |
| SEX . 6. RACE 7. MADDIES | , | B, DATE OF BIRTH 9. | AGE (In years If U | Under 1 Yr. , II Under 24 Hrs |
| WIDOWE | NEVER MARRIED | 09-22-21 10st | birthday Mon | Under 1 Yr. 11 Under 24 Hrs |
| A. USUAL OCCUPATION (Give kind of work 10 B, KIND C | | 0.000 | country) 12. | CITIZEN OF WHAT COUNTR |
| one during most of working life, even if retired) | | GNAL | | |
| Supervisor Insura | ince Company | 14. MOTHER'S MAIDEN NAME | na | U.S.A. |
| L. III. | | 14. MOTHER'S MAIDEN NAME | D M.T | 7. |
| Willem Amilen | 11 / 20 0/11 | Gladys | D. Mari | 11 |
| 6. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) | SECURITY NO. | David Lube | Same | ADDRESS 8 |
| No | 218-26-0087 | revious | kecords. | |
| 18. / 744 / 1 | CAUSE OF DEAT | 1 0 0 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| DISEASE OR CONDITION DIRECTLY | CAMI | 10. RESP. H | UNSS. | |
| LEADING TO DEATH (This does not meen the mode of dying, e.g. | (A)IMMEDIATE CAL | SE | | *************************************** |
| heart failure, asthenia, etc. It means the disease | | A CONSEQUENCE OF: | e to | |
| injury or complication which caused death.) | META | Bull Co | 30000 | |
| ANTECEDENT CAUSES | (B) LUDG | A CONSEQUENCE OF: | BICHN | |
| rise to the above cause (A) stating the | | al Drown | D1 | |
| UNDERLYING CONDITION Iosi. | (c) | of Discus. | with the | 3 |
| , II | | | 9 | 9 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | |
| ▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). | WHICH OPERATION | 20 A. AUTOPSY2 (Yes or No) 2 | OB. IF YES. WERE FINDIR | NGS CONSIDERED |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED | | No | OB. IF YES, WERE FINDIN N CERTIFYING CAUSES | OF DEATH? |
| | B. PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE DID | (If in Boltimore City, | , give exoct location) |
| DEATH (notify medical examiner) et | | fice bldg., INJURY OCCUR? | | |
| 21 D. TIME (Month) (Doy) (Year) (Hour) 21 | E. INJURY OCCURRED | 21F. HOW DID INJURY | OCCUR? | |
| OF INJURY | hile At Not Whil | | | |
| this hose " | ork | | no or | 3 (09 |
| 22. I certify that (this hospital) attended | | Jan 10 19 | 0110 LEB | , 12 19 0 |
| that (we) lost saw the deceased alive an | 10013 | 1967 and that | in (aur) opinion | death occurred on the da |
| and hour and from the couses stated above. | (We) (did) (dtd nat) v | iew the body ofter death. | | |
| 23A. SIGNATURE | 100 | | 23B. | DATE SIGNED |
| Joseph Mans | LO K. D. Atte | nding Med. Sta | | 113/69 |
| 23C, PHYSICIANS | DEGREE | 23D. ADDRESS | | 1. (0) |
| NAME (Type) | | | | |
| 4A. BURIAL CREMATION, 24B. DATE 24C.N | DEGREE NAME of CEMETERY OF CRI | MATORY 24D. LOCA | ATION (City, tov | wn, or county) (State) |
| | | | | |
| | oreland Memoria | 25C. FUNERAL DIRECTOR | cimore, Maryl | ADDRESS |
| 14 1969 (1900) | A & Salana | | | |
| \$ 150-REV 1/1/68 | 10 41 414 | Leonard J Rucl | Inc, Baltim | ore, Maryland |
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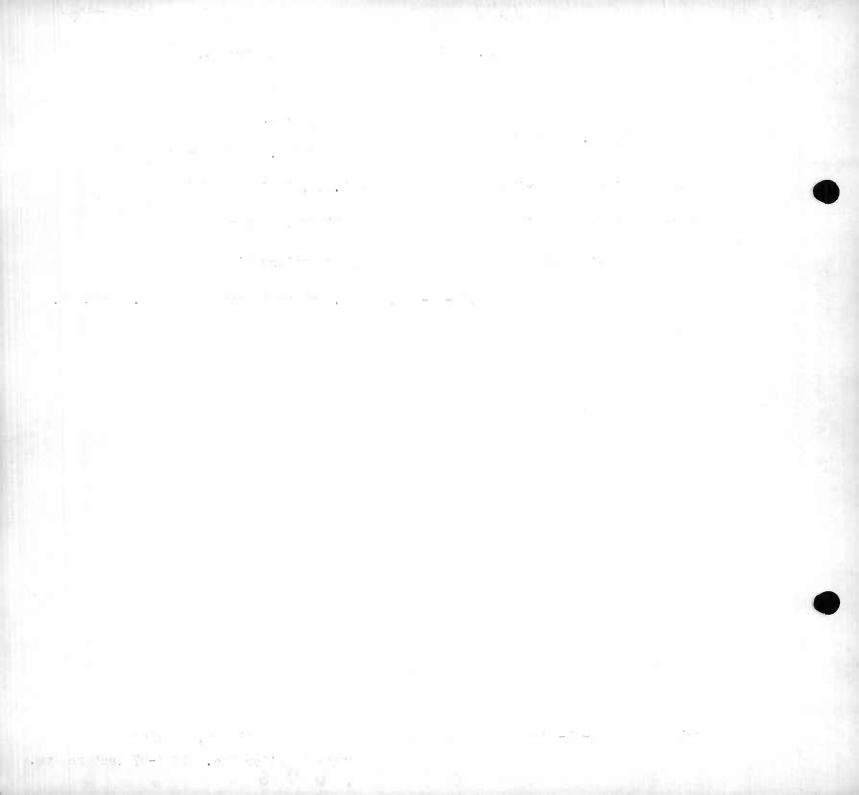


| 4 | Media. | W-452 69 1694 CEPTIFICATE OF DEATH REG. No. 69 1694 |
|-------------|--|--|
| | and ased the Such | BIRTH NO. |
| 4/3 | of deat Decease on the | 1. NAME OF DECEASED (Type or Print) ROSE C William C |
| 86 | For de fair | 2/12/69 7.20 PM |
| 464 | | A. STATE B. COUNTY |
| | | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| 300 | se; | |
| C | in a die | 3 THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER |
| - J | d car | Rt. 16, BOX 214 MIDDLERIVER 2122 |
| =/ | F 3 0 0 0 | E cer |
| | STEBSE | MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yeors lost birthday) WIDOWED DIVORCED DIVORCED 1/08/1904 1/08/1904 1/08/1904 If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min. |
| 10 11 | 0 0 - 0 - | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| opita sturi | de i de | Housewife Return Maryland Maryland |
| | if death rect or c (4) Under was in the dec | 13. FATHER'S NAME |
| - | ÷ 5€ 3 + 5 ds | Marricad |
| Z | ind; (ind; eath | 15, Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17, INSORAANT |
| IMPORTANI | the the dea | Wes, no of unknown) (If yes, give wor of doles of service) SECURITY NO. 216-32-6434 MARY ANN WILLIAMS 356 HISS AVE |
| 0 | de Cop | 18. A STATE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Σ | Also, e of a nounc atten | LEADING TO DEATH (A) IMMEDIATE CAUSE SQUAMOUS COLL CA-HIPO MONEY CONTINUED IN THE CAUSE SQUAMOUS CONTINUED IN THE CAUSE SQ |
| | | Times does not mean me mode of dying, e.g., |
| DIRECTOR: | Part de | heori failure, asthenia, etc. it means the disease, injury or camplication which caused deoth.) |
| 5 | E T O DO | ANTECEDENT CAUSES |
| C | 2 4 - 2 = | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: |
| 2 | | rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) |
| | adical dical rrns; rsicio was mair | |
| FUNERAL | medical medical crimbolical cr | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A) |
| 2 | ~ E > C.O 0 | < DISEASE OR CONDITION GIVEN IN PART 1 (A), |
| Z | chie by a Bod the hysic | WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH? |
| T | 5-45 45 | U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID (If in Boltimore City, give exect location) |
| | | S DEATH (notity medical examine) |
| | hosp natur ept w d (6) ained | OF INJURY (APPROX.) Open continuous process of the continuous proce |
| | > = 0 P B | Weik At Work |
| | prov the Iny n exce and | 22. I certify that (M) (this haspital) attended the deceased fram ANN 1969 ta 2/12 1969 |
| | to to of | that (i) (we) last saw the deceased alive on 2/12 19 g and that in (mg) (our) apinian death occurred on the date |
| | | and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. |
| | S D O E | 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 |
| | | Attending Med. Shoff Director Phys. 23C. PHYSICIAN'S PAME (Type) (5.00) (1.00) (|
| | certificate moody was related in the color of the color o | 1 KOBERT E ENSOR MI). 1 Colon Ha DKWS HOS (1) |
| | A P d B | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stotel |
| | 74 O 0 C | Burial 2/15/69 Bel Air Memorial Gardens Bel kir Air Maryland |
| | This certiful the body shows: (1) was D.O. deceased written a | 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS |
| | はればまるま | Leonard J Ruck Inc Baltimore, Maryland |
| 35. | - 29 | VS 150-REV. 1/1/68 |

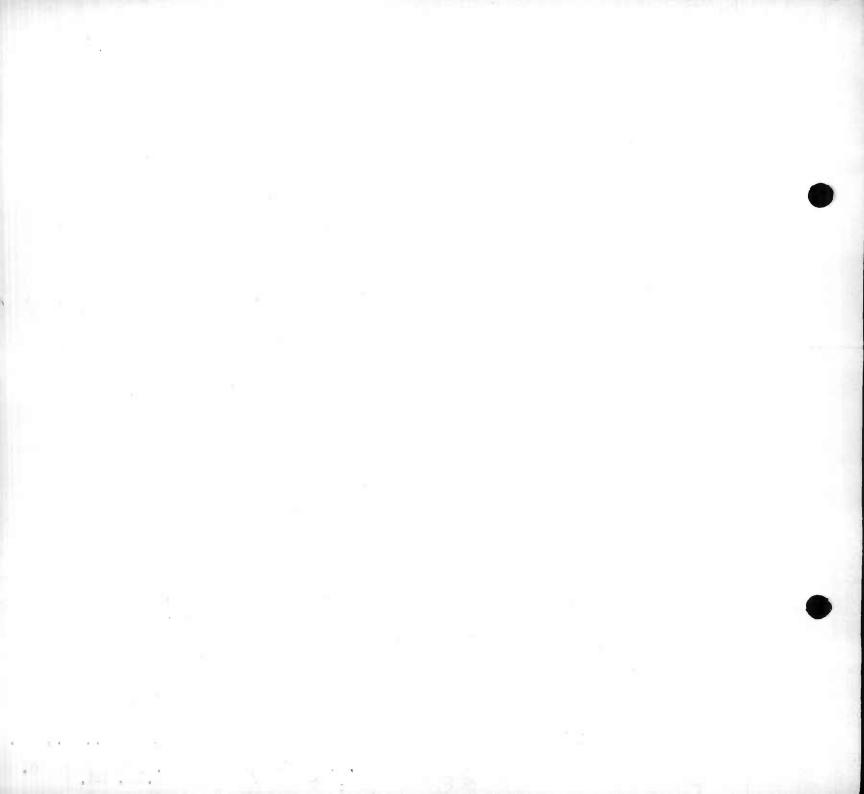
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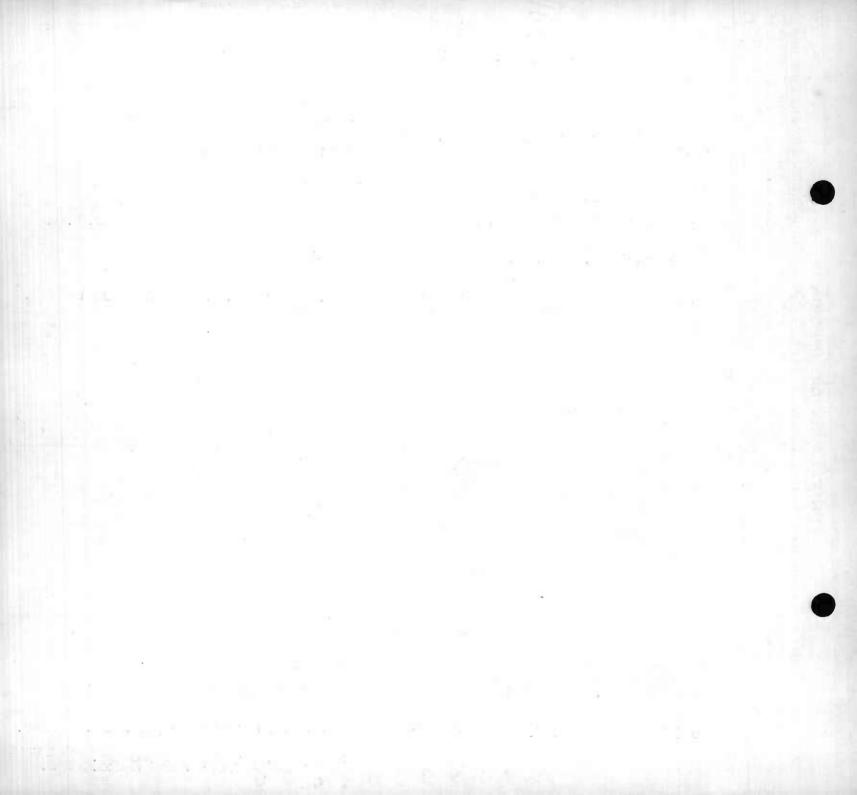
Charles from song Bullson Little Street Bark A Street 10.26 19 B.O. Marsarcherer number George Jamile speck frontte Rate HI St. plane Horison .



| 69 16 | BALTIMORE CITY | LIPURITION DEL VIVINITIAL | | 00 4000 |
|--|---|--|---|--|
| | 98 CERTIFICA | TE OF DEATH | REG. NO | 69 1698 |
| INAME OF DECEASED | - CERTIFICA | | | |
| 11.5 | 2 | | D HOUR OF DEATH | |
| (Type or Print) MADELINE N. | 1. KICHARUS | N FEE | 3, 12, 19 | 69 1 9:20 1 |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR | ONOUNCED DEAD | 4. USUAL RESIDENCE (When | deceased lived. It in | |
| .D | | A. STATE B. COUN | • • | |
| FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) | NSTITUTION, GIVE STREET | MAKY LAN. | D RI | 110. 53-0 |
| LINSULUTION | | C. CITY OR TOWN | D. INS | DE CITY LIMITS? |
| , UNION MEN | | BACTIMOR | 2 | YES A NO |
| 44 33rd + CALVE | RT STS | E. STREET AND NUMBER | | ito [4] |
| A Shell | , 0,3. | | EWICK | CIRCLE |
| 5. SEX 6. RACE 7. man | | | | |
| 5. SEX 6. RACE 7. MAR | RIED NEVER MARRIED | 8. DATE OF BIRTH | ost birthdoy | Months Days Hours Mi |
| | WED DIVORCED | 03-24-941 | 14 | 2071 |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIN | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | In country) | 12. CITIZEN OF WHAT COU |
| done during most of working life, even if relired) | • | | , 0001111/1 | |
| HOUSEWIFE OU | UN HOME | PENNA | | 4.5.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | IE . | |
| AMANDUS FRE | FED | | E PAC | 11.15 |
| | | 2,261 | E PAC | 1616 |
| 15. Was Deceased Ever in U.S. Armed Forces? (Yes,na or unknown) (II yes, give war or dates of serv | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| | | MRS. ALMETA | RICHAN | Deal (|
| $\mathcal{N}_{\mathcal{O}}$ | 220-46-1790 | | 11.017178 | -JUN (SAME |
| 18. 4 3 6 9 | CAUSE OF DEATH | | | APPROXIMATE INTERV |
| DISEASE OR CONDITION DIRECTLY | CARDI | O-RESPIRA | TARY AR | BETWEEN ONSET AND D |
| LEADING TO DEATH | A A WALLED LATE CALL | | 101-7 1710 | Ves. |
| (This does not meen the mode of dying, | e.g., (A) IMMEDIATE CAU | CONSEQUENCE OF: | | |
| heart failure, asthenia, etc. It means the dise injury ar complication which caused death.) | ase, | TO NO EQUENCE OF: | | l l |
| | CERE | BRO- VASC. | Acci DE | VT |
| ANTECEDENT CAUSES | | | ., | / |
| DISEASES OR CONDITIONS, if any, gi | ving DUE TO, OR AS | A CONSEQUENCE OF: | ***************** | |
| rise to the obove cause (A) stoling | the APTE | RIOSCLEROS | 15 | |
| UNDERLYING CONDITION last. | (c) /// C/ | 110065EKO1 | <u> </u> | |
| | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTE | NG | | | 1 |
| TO THE DEATH BUT NOT RELATED TO THE TERMIN | VAL | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | OR WHICH OPPRATION | 20A. AUTOPSY? (Yos or No) | 208 IE VEC WEEK | INDINGS CONSIDERS |
| WAS PERFORMED | HINGI STEAMON | A TO MO IOUSTA LIGHT OF MON | IN CERTIFYING CAL | INDINGS CONSIDERED USES OF DEATH? |
| | | 100 | | |
| TO A COUNTY WAS | 121B PLACE OF INJURY (e.g., in | or shout 21C WHERE DID | /II to Dollaross | |
| On contratation I and a | home, form, foctory, street off | ce bldg. INJURY OCCUP? | hi in pommore | City, give exact location) |
| On convenience IT convenience | 218, PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) | ice bldg., INJURY OCCUR? | promised in political | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | etcJ | | | e City, give exact lecalion) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D-TIME (Month) (Day) (Year) (Hour | 21E INJURY OCCURRED | 21F. HOW DID INJU | | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21 E INJURY OCCURRED White At The Not White | 21F. HOW DID INJU | | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D-TIME (Month) (Day) (Year) (Hour) (APPROX.) | 21E, INJURY OCCURRED While At Not While Work | 21F. HOW DID INJU | RY OCCUR? | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended | 21E. INJURY OCCURRED While At Not While At Work ed the deceased fram | 21F. HOW DID INJU | RY OCCUR? | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Day) (Year) (Hour) CAPROX.) | 21E. INJURY OCCURRED While At Not While At Work ed the deceased fram | 21F. HOW DID INJU | RY OCCUR? | 7-/2 1969 |
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| OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210-TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 220. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased alive and haur and fram the causes stated abave 23A. Shenature 23C. Physician's NAME (Type) HONE TO CHUA 24A. BURIAL CREMATION, REMOVAL (Specify) | 21E. INJURY OCCURRED While At Not While At Work ed the deceased fram | 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 319 69 and that we the bady after death. ding Med. Spirector P 3D. ADDRESS WATORY 24D, LO | totototototototo | 2 - 1 2 - 69 238, DATE SIGNED 2 - 1 2 - 69 25, lown, or county) (Siote |
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| OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased alive and haur and fram the causes stated abave 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) HONG TI CHUA 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B, DATE 24C | 21E. INJURY OCCURRED While At Not While At Work ed the deceased fram | 21F. HOW DID INJU 21F. HOW DID INJU 23 - 1/- 69 19 19 69 and that ew the bady after death. ding Med. Director P 3D. ADDRESS WATORY 24D. LO | totototototototo | 238, DATE SIGNED 2 - 1 2 - (9) 10 iown, or county) (Stote ADDRESS |



BALTIMORE CITY HEALTH DEPARTMENT



69 1700 BALTIMORE CITY HEALTH DEPARTMENT

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| MEL | CAL | FXAMINER" | S CERTIFICAT | E OF DEA |

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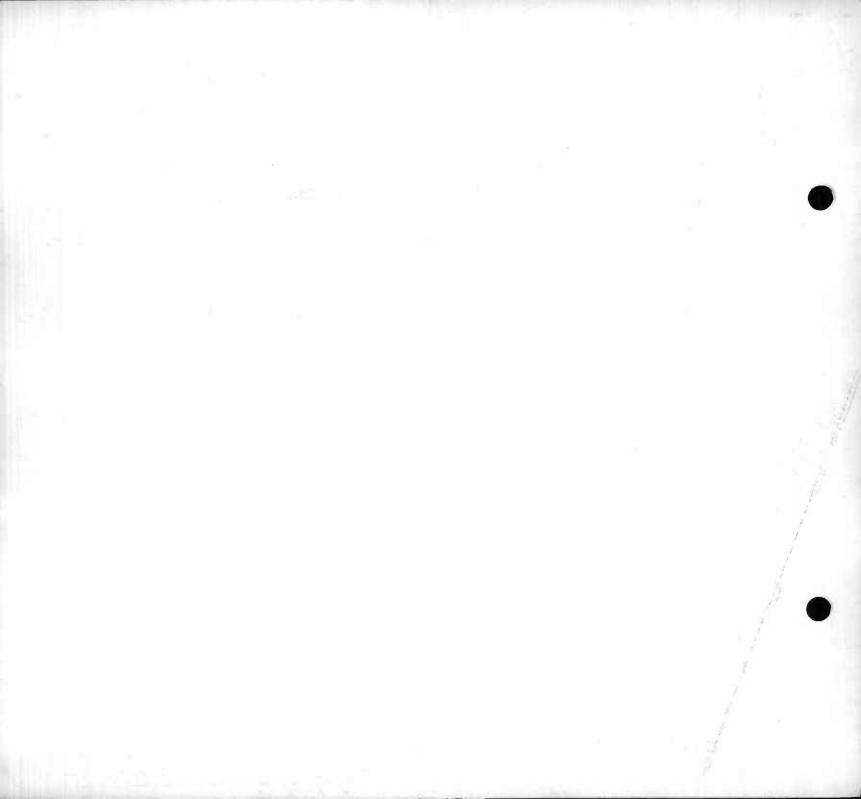
| BIRTH NO. | MEI | DICAL | EXAMINER'S | CERTIFI | CATE C | F DEATH | REG. NO. | 00 | -1.71 | 30 |
|--|---|---------------------------------------|--|---|--------------|---------------------|----------------|---------------|--------------|---------|
| 1. NAME OF DEC | | | | 2. DATE | Known | Month | Day | Yeor | Hour | |
| | BANKS | | | OF DEATH | Estimoted | | | | | м. |
| | TIMORE, MARYLAND, | | | 3. DATE | INCED DEAD | Month | Doy | Yeor | Hour | |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOC | ATION) | TUTION, GIVE STREET | February 12, 1969 4:24 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | | P. M | |
| 2309 | Mc Elderry | Street | t | A. STATE | Mary1a | ind B | COUNTY | - | 7-0 | 2 |
| 6. SEX | 7. RACE | B. MARRIE | ED NEVER MARRIED | C. CITY OR | TOWN | | D. INSIDE C | ITY LIMITS? | | - |
| Male | White | WIDOWI | | | Baltin | | Υ | ES 🔀 | NO 🗌 | |
| 9. DATE OF BIRTI | lost histhe | (In yeors | If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min. | E. STREET A | ND NUMBER | | | | | |
| -// | itate or foreign country) | 11 | 2. CITIZEN OF | 13. FATHER | | c Elderr | y Stree | et | | |
| 50.0 | aCounty, I | | WHAT COUNTRY? | | | | | | | |
| 14A.USUAL OCCU | PATION (Give kind of wor | k 14B. KIND | U.S.A. OF BUSINESS OR INDUSTRY | 15. MOTHE | Y MCK | NAME | | - | | |
| done during most of w | vorking life, even if retired —M111 Work |) | Steel | | | llinger | | | | |
| 16. WAS DECEAS | ED EVER IN U.S. ARME | D FORCES? | 17. SOCIAL SECURITY NO. | 18. INFORA | | rrringer. | A | DDRESS 7 | Indian | 18. |
| Yes | WWII | s or service) | SECORITY NO. | Robin | son-L | ytle Fur | neral | | | ma. |
| 19. 4/ | 2.21 | | CAUSE OF DEA | | | | | AF | PROXIMATE IN | ITERVAL |
| DISEAS | E OR CONDITION DIR | ECTLY | Hypertensive | and art | eriosc1 | erotic | | | | |
| 4-1 | LEADING TO DEATH | | (A)IMMEDIATE C | | | ascular o | lisease | | | |
| heort foilure, | ot meon the mode of d , osthenio, etc. It meons th aplication which coused de | ne diseose, | DUE TO, OR | AS A CONSEQ | UENCE OF: | | | | | |
| IIIJOTY OF COM | ipiiconon winch coosed de | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | NTECEDENT CAUSES | IN CIVING | (B) | AS A CONSEC | WENCE OF | | | | | |
| RISE TO THE | OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. NG CONDITION LAST. | ATING THE | DOE 10, OK | AJ A CONSEC | WENCE OF: | | | | | |
| Z | O CONDITION LAST. | | (c) | | | | | | | |
| O TO THE DEA | IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN | O THE TERMIN | | | | . 7.3 | | | | |
| 20A. DATE OF | | | OR WHICH OPERATION WA | AS PERFORM | ED | | | 21. AUTO | PSY? (Yes | r No) |
| 0 | | | | | | | | | No | |
| ZZA. EXTERI | NAL CAUSE WAS | 2: | 2B. PLACE OF INJURY(e.g., ome, form, foctory, street, office | in or obout 2 | 2C. WHERE D | ID (If in Boltimore | City, give exc | oct locotion) | NO | |
| □ UTING □ CA | USE OF DEATH. | | | o orage, ere.) | | | | | | |
| OF INJURY | (Month) (Doy) (Yes | or) (Hour) | | | 2F. HOW DID | INJURY OCCU | \$3 | | | |
| (APPROX.) | | n | n. WHILE AT NOT AT W | ORK | | | | | | |
| 23. | ify that I held an | Inquiry | Inspection X Au | topsy 🗌 | and that a | n this basis, d | aath in mu | !-! | | |
| | red fram: Natural ca | | Accident Suicid | | micide | Undetermin | | | | |
| 103011 | 0.0 | 0 ^ | Accident 50icio | | HIEF MEDICA | | manner (| | | |
| ACTUAL | or (lin | 11. | Quit | | TANT MEDIC | | - | | DATE SIGI | 4ED |
| SIGNATU | | C C- | M.D | | CIATE MEDICA | | Feb | ruary | 13 10 | 169 |
| NAME (T | ype) | o o op | ringate, M.D. | | | | | _ uu. y | 10, 10 | |
| 24A. BURIAL CREA REMOVAL (Specif | | | 24C. NAME of CEMETERY | ar CREMATO | RY 2 | D. LOCATION | (City, tow | n, or county |) (Sto | re) Pa |
| Rem.Buri | | 169 | Greenwood | | 7 | White To | ownshi | p, In | diana | |
| 25A. DATE REC'D | | | ME OF REGISTRAR | | UNERAL DIRE | | ns Co | • 490 | 5 Yor | k Rd |
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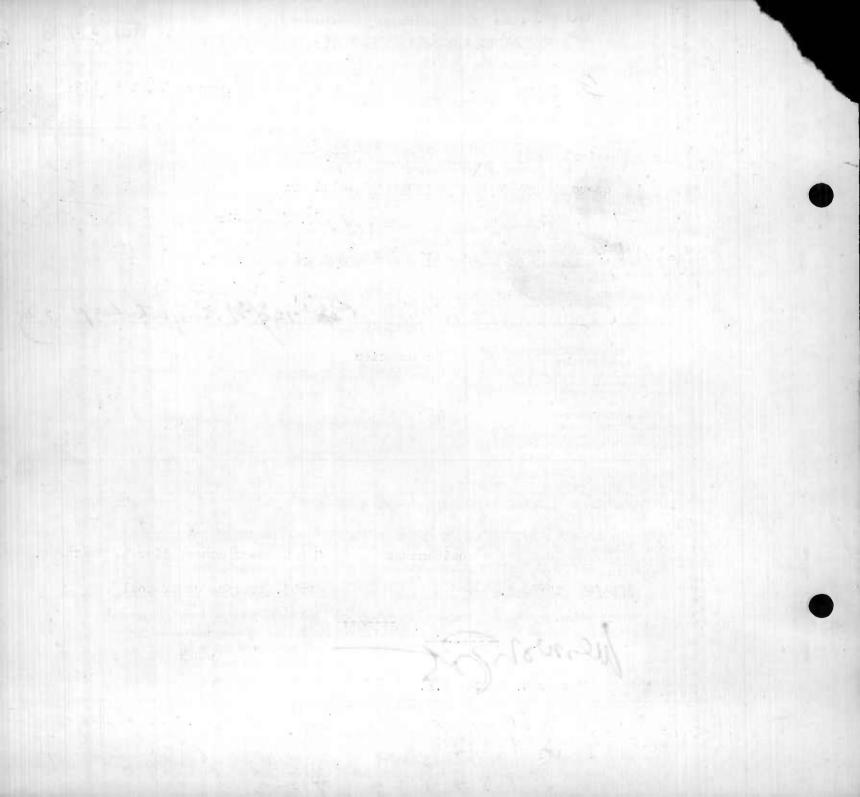
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FUNERAL







| | | 00 | A 1994 | BALTIMORE CITY | HEALTH DEPARTMENT | | 69 | 1704 |
|---------|-----------------------|---|---------------|---|----------------------------------|-------------------------------------|-------------------------------|----------------------------------|
| | | 69 | 17 | J4 CERTIFICA | TE OF DEATH | REG. NO | | |
| | NAME OF DEC | FASED | | OLK TITLE | | | | |
| | pe or Print) | Oscar Will | iomo | | | D HOUR OF DEATH | | he |
| 3. | PLACE IN BAL | IMORE MARYLAND, W | | OUNCED DEAD | 4. USUAL RESIDENCE (When | 3-69 | 5:4 | helore admission |
| | | | THE TROIT | O SILOLD DEAD | A. STATE B. COUN | TY | ismonon, residence | perore damission |
| H | ILL NAME OF | (IF NOT IN HOSPIT | AL OR INST | ITUTION, GIVE STREET | Mary: | land | //- | 03 |
| IN | STITUTION | Provident | | | C. CITY OR TOWN | D. INS | IDE CITY LIMITS? | |
| | 20 | 1514 Divi | | | Baltimore E. STREET AND NUMBER | | YES [A] | 10 🗌 |
| | 37 | | | land 21217 | | 3 - D3 | | |
| 5. | SEX | 6. RACE | | | 1121 Shield | AS PLACE | | |
| | | | 1 | NEVER MARRIED | | ost birthday) | Il Under 1 Yr. Months Doys | Il Under 24 Hrs. Hours Min. |
| 104 | Male | Negro | WIDOWE | DIVORCED | 11. BIRTHPLACE (Stote or foreign | /3 | | |
| do | e during most of v | vorking life, even if retired) | INS. MIND | DE BOSINESS OK INDOSIKI | II. BIKIMPLACE (Stote of foreign | gn country) | 12. CITIZEN OF | WHAT COUNTRY |
| | Unemplo | | | | Baltimore, 1 | Maryland | U.S.A | • |
| 13. | FATHER'S NAM | A E | | | 14. MOTHER'S MAIDEN NAM | A.E. | | |
| | Mr. Her | ry Williams | | | SARAh ! | / | | |
| 15. | Was Deceased | Ever in U. S. Armed For | ces? | 1 6. SOCIAL | 17 1450014415 | son) | ADDRES | S |
| ,10 | syno or unknown; | in yes, give wor of dole | s of services | SECURITY NO. 219-10-8605 | `` | | | |
| _ | 18. / / / " | 200 | | CAUSE OF DEAT | Mr. Edward Wi | Lilams 51. | | |
| | 4/0 | E OR CONDITION DI | | CAUL OF DEAT | • | | | MATE INTERVAL ONSET AND DEATH |
| | | LEADING TO DEATH | RECTLY | | a Attimos | note beat | direi. | |
| | (This does no | I meon the mode of | dying, e.g | (A) IMMEDIATE CAL | A CONSEQUENCE OF | cour accor o | 200 | ************ |
| | heart failure, | osthenia, etc. It means plication which caused | the disease | , | (2) Depris | | | |
| | | NTECEDENT CAUSES | 0001117 | | (a) (A | rend du | 40.4 | |
| | 1 | R CONDITIONS, if | | (8)(8) | A CONSEQUENCE OF: | rance au | ZIVU | |
| | rise to the | above couse (A) | stoling th | 9 000 10, 01 23 | A CONSEQUENCE OF: | | i i | |
| | UNDERLYING | CONDITION last. | 7,6 | (c) | | | ******** | |
| _ | | 11 | | 0 1 | • , | | | |
| ATION | OTHER SIGNIFIC | CANT CONDITIONS COL | NTRIBUTING | Semil | itis. | | | |
| CAI | DISEASE OR CO | INDITION GIVEN IN PAR | T 1 (A). | | | | | |
| ERTIFIC | SALDATE OF | OPERATION 198. CON- WAS PERF | ORMED | WHICH OPERATION | 20A. AUTOPSY? (Yes or No) | 208, IF YES, WERE IN CERTIFYING CAL | FINDINGS CONSIDUSES OF DEATH? | ERED |
| CER | 21 A ACCIDEN | T WAS HAIDER VINCE | 1 21 | D DI A OF OF INCOME. | Yes | | | |
| A | OR CONTRIBU | T WAS UNDERLYING | ho | B. PLACE OF INJURY (e.g., in me, farm, foctory, street, of | fice bidg., INJURY OCCUR? | (If In Boltimore | e City, give exoct lo | cotion) |
| U | | medical examined | etc | :J | | | | |
| MEDI | OF INJURY | (Month) (Day) (Year) | | E INJURY OCCURRED | 21F. HOW DID INJU | RY OCCUR? | | |
| 2 | (APPROX.) | | | hile At Ork Not While | | | | |
| | 22. I certify t | that (1) (this hospital | | | | 9 69 to 2- | 1 7_ | 10 60 |
| | | last saw the decease | | | | | | 19 69 |
| | | 4 | | | and the | t in (my) (our) opin | nion deoth occur | red on the dote |
| | 23A. SIGNATUR | | ed abave, | (I) (We) (did) (did not) v | lew the body after death. | | | |
| | | Allangar | | McD AHO | nding Med. 7 S | - H - | 238, DATE SIGNED | |
| | 00.0 | | | DEGREE Phys | . Director L. P | hys. | 2-14-69 | 9 |
| | PHYSICIAN NAME (Ty | pe) | | M.D | 3D. ADDRESS | | | |
| | | Dr. C | anizar | 'es DEGREE | 1514 Division | Street | | |
| 24/ | REMOVAL (S | ATION, 248, DATE | | AME of CEMETERY OF CRE | MATORY 24D. LO | | y, town, or county) | (Stote) |
| 1 | SIIRIA. | 4 2/18/6 | 7 12 | bulus men | . PR. Da | tulus. | me! | |
| 25/ | DATE REC'D | BY HEALTH DEPT. | 258. NAME | OF REGISTRAR | 25C. FUNERAL DIRECTOR | 2 . 0 / | ADDI | RESS _ 4 |

ADDRESS

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? If Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY? U.S.A. BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In(my) (our) opinion death occurred on the date 23B, DATE SIGNED or county) VS 150-REV. 1/1/6B

NO

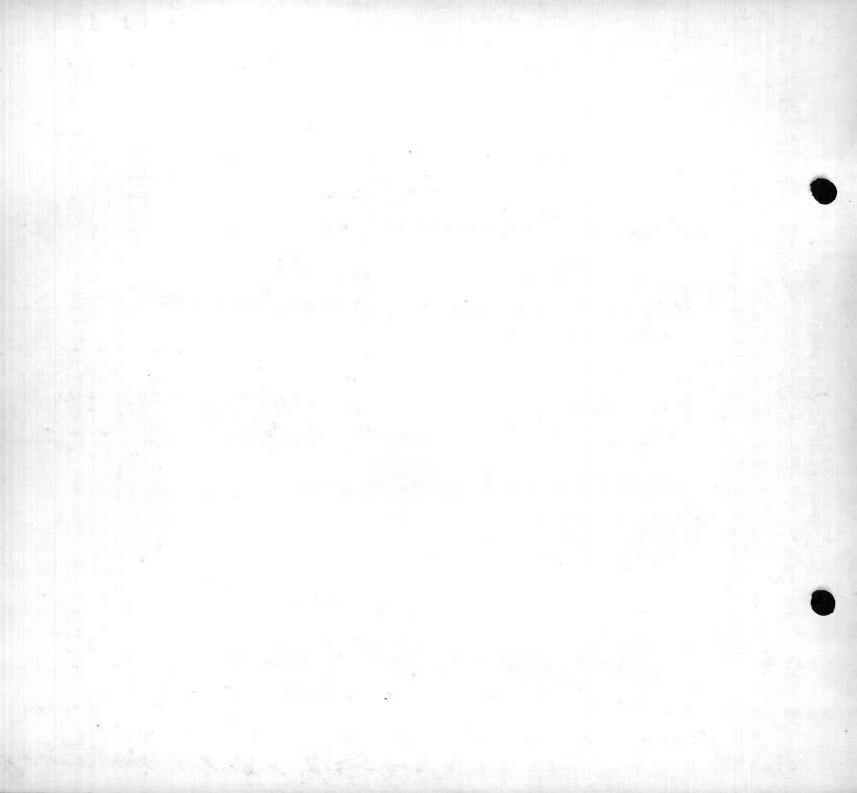
Hours

APPROXIMATE INTERVAL

ADDRESS

ADDRESS

If Under 24 Hrs. Hours Min.



69 1706 BALTIMORE CITY HEALTH DEPARTMENT

69 1706

| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH |
|---------|-------------------|-------------|----------|
| | | | |

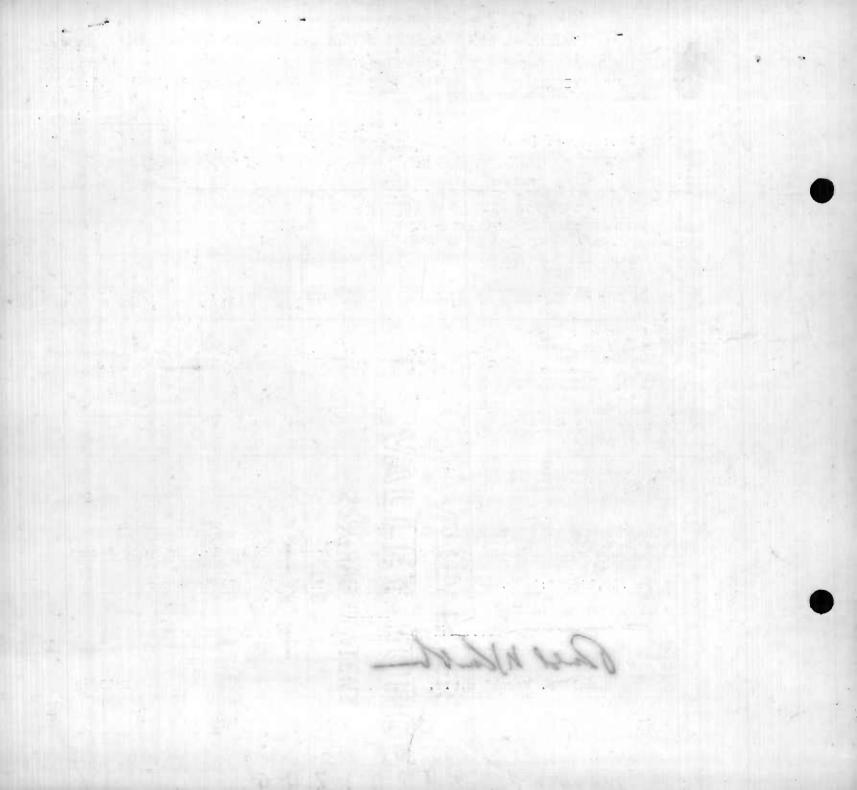
| BIRTH NO. | REG. NO. |
|--|---|
| 1. NAME OF DECEASED | 2. DATE Known & Month Day Year Hour |
| (Type or Print) | OF STATE OF |
| NICK ALLEN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | DEATH ESTIMOTED 2 11 69 11:30p M. 3. DATE Month Day Year Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | PRONOUNCED DEAD |
| HOSPITAL ADDRESS OR LOCATION) | February 11, 1969 11:30p M |
| OR INSTITUTION | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY |
| Johns Hopkins Hospital | Maryland 9.09 |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| | |
| Male Golored WIDOWED DIVORCED P. DATE OF BIRTH DIVORCED U.S. OF BIRTH DIVORCED U.S. OF Under 1 Yr. II Under 24 Hrs. | Baltimore YES NO |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min. | E. STREET AND NUMBER |
| DEP1 25,1896 13 | 1323 Holbrook Ave. |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| BUOKINGhom CA UP WHAT COUNTRY? | RUBGOT ALLEN |
| 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY | 15. MOTHER'S MAIDEN NAME |
| done during most of working life, even if retired) | NAMMIE DOWNAL |
| SIEEL WORKER SIEEL INGUSTEG | 19 INFORMANT BY COUNTY |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go er unknown)((If yes, give war ar dates of service) 17. SOCIAL SECURITY NO. | 18. INFORMANT ADDRESS GRANGE N. |
| 4ES 10-29-17-96-19-20236-05-8638 | HELEN NOW SGIMURROWSI |
| CAUSE OF DEAT | TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISTACE OF COMPLYION DIRECTLY | |
| LEADING TO DEATH | cleotic cardiovascular disease |
| (This does not mean the mode of dying, e.g., (A)IMMEDIALE C | AS A CONSEQUENCE OF: |
| heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | 7.557.554.557.55.57 |
| injury of complication when courses decimity | |
| ANTECEDENT CAUSES (B) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | AS A CONSEQUENCE OF: |
| UNDERLYING CONDITION LAST. | |
| () | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | - 11/4 |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIADETE. | s mellitus |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED 21. AUTOPSY? (Yes or No) |
| DATE OF OFERATION VA | AS PERFORMED |
| | no |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | in or obaut 22C. WHERE DID (II in Baltimare City, give exoct location) e bldg., etc.) INJURY OCCUR? |
| UTING CAUSE OF DEATH. | a blogg craft a cook. |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| | WHILE |
| 23. | YORK LI |
| T NY | tapsy and that an this basis, death in my apinion |
| l l XX □ | |
| resulted fram: Natural causes Accident Suicid | |
| ACTUAL BY A + WIL | CHIEF MEDICAL EXAMINER |
| SIGNATURE M.D. | DATE SIGNED |
| I SIGIVATURE | ASSISTANT MEDICAL EXAMINED AN |
| EXAMINER'S | ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. | ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/12/69 |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/12/69 |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. | ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/12/69 |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (Specify) BALTIMORE (MARKET) | associate Medical examiner 2/12/69 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) ASSISTANT MEDICAL EXAMINER 2/12/69 CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, PARTICLE (CONTROLL OF THE PROPERTY) EBIS 1969 BALTIMORE AT 125B. NAME OF REGISTRAR | ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/12/69 |
| EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (Specify) BALTIMORE (MARKET) | associate Medical examiner 2/12/69 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) ASSISTANT MEDICAL EXAMINER 2/12/69 CREMATORY 24D. LOCATION (City, town, or county) (Stote) |

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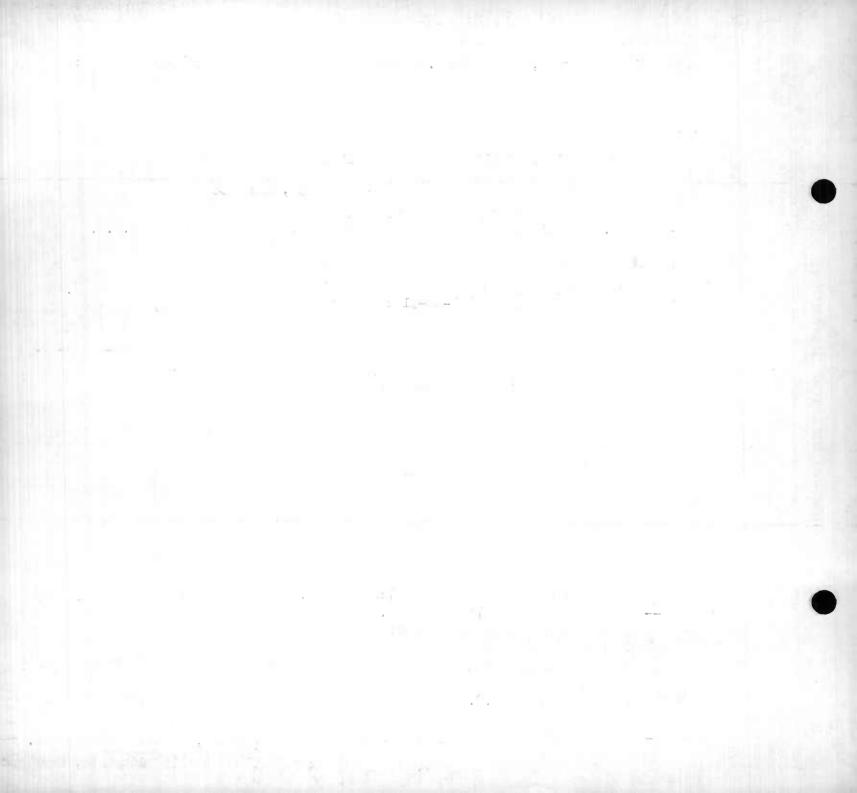
69 1707 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
|---|
|---|

| BIR | TH NO. | | WED | ICAL | EXAMINER'S | ERTIFIC | CAIE | OF DEAT | H REG. NO. | 63 | 1/1 | 11. |
|---------------|------------------------------------|---------------------------------|----------------------------------|----------------------|---|----------------|--|---------------------------|----------------------------------|---------------|------------|-----------|
| 1. 1 | NAME OF DEC | EASED | | | 1 | 2. DATE OF | Known [| Manth | Doy | Year | Hour | |
| | | BESS | WILKE | | | DEATH | Estimated | □ Februa: | 2 | 69 | | P' M. |
| | | | | | ONOUNCED DEAD | 3. DATE | JNCED DEA | Month | Day | Year | Haur | |
| HO: | L NAME OF SPITAL INSTITUTION | | SS OR LOCA | | TITUTION, GIVE STREET | | | Februa | ry 10,19 | | 1:2. | 101 |
| OK | | Fleet S | treet | (DOA) | | | aryland | Where deceased li | ed, il institution: B. COUNTY | residence | before adn | nissian) |
| 6. S | | 7. RACE | | 8. MARR | IED NEVER MARRIED | C. CITY OR | | | D. INSIDE CIT | Y LIMITS? | | |
| P. | la le | Neg | ro | WIDOW | VED DIVORCED | Daic | imore | | YE | s 🗌 | NO 🗌 | |
| 9. [| DATE OF BIRT | H | 10. AGE (Ir last birthda | 7) 70 | Il Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. | e. STREET A | 47 E | Baltimo | re St | | | A.F |
| 11. | BIRTHPLACE (S | state or loreig | n country) | | 12. CITIZEN OF | 13. FATHER | SNAME | | | | • | |
| F | lichmon | d Va | a | | UWHAT COUNTRYA | | | | | | ? | |
| 14A done | USUAL OCCU | PATION (Give | e kind ol wark en if retired) | 14B. KIND | OF BUSINESS OR INDUSTR | 15. MOTHE | R'S MAIDEN | NAME | | | ? | |
| 16. | WAS DECEAS , na ar unknown | ED EVER IN | U.S. ARMED | FORCES of service | 17. SOCIAL SECURITY NO. | 18. INFORM | MANT Willie | Wilke | | Dress Same | e | |
| | 19. | 1 01. | | | CAUSE OF DEA | TH | | | | | PPROXIMATE | |
| | DISCAS | E OR CONDI | ITIONI DIDE | TIV | Dwarmi | 200 | | | | 8614 | WEEN ONSET | AND DEATH |
| | | LEADING TO | | -111 | Drownii | • | | | | | | |
| | | ot meon the , osthenia, etc. | | | | AS A CONSEQ | UENCE OF: | | | | | |
| | | nplication whic | | | | | | | | | | |
| | 10 | NTECEDENT (| CAUSES | | (n) | | - | | | | | |
| | DISEASES (| OR CONDITIO | ONS, IF ANY | GIVING | (B)— DUE TO, OR | AS A CONSE | QUENCE OF: | | | | | |
| | | E ABOVE CAL | | ING THE | (0) | | , | | | | | |
| O | | | | -2 | (C) | | | | | | | |
| CERTIFICATION | TO THE DEA | ATH BUT NOT | RELATED TO | THE TERM | INAL | | ************************************** | | | | | |
| CERT | 20A. DATE OF | PERATION | 1 208. CON | NOITION | FOR WHICH OPERATION W | AS PERFORM | ED | | | 21. AUT | OPSY? (Ye | s ar Na) |
| 7 | 22A. FXTER | MAL CAUSE ! | NAC. | | OOD DIACE OF INITIDAY | | oc willens | DID W. D. I. | 611 | | | 7 |
| Ö | UNDERLYING UTING A CA 22D. TIME | NAL CAUSE | TRIB- | | 22B.PLACE OF INJURY (e.g., home, lorm, loctary, street, offic | e bidg., etc.) | NJURY OCC | UR? | re City, give exac | f locotion) | 0 | 6-0- |
| MED | UTING CA | USE OF DEA | TH. | \ /U= | Water -) 22E.INJURY OCCURRED | | | D INJURY OCC | | ott S | treet | |
| | OF INJURY (APPROX.) F | | | , | WHILE AT NOT NOT NOT WORK | WHILE K | | ly fell | | | | |
| | 23. | offer all and a | .1.1 | г | | 1 = 10 | | AL:- L -/ | d41 * | | | |
| | | ify that I he | | nquiry L | | top sy 🗶 | | on this basis, | | | | |
| | resul | ted from: N | oturol cou | ses 🔲 | Accident Suici | | omicide 🔲 | | ned manner L | 7 | | |
| | ACTUAL SIGNATI | | hel | n | Conthina | | | CAL EXAMINER CAL EXAMINER | xx | | DATE SI | GNED |
| | EXAMIN NAME (1 | ER'S Pon | ald N. | Kori | nblum, M.D. | ASSC | CIATE MEDI | CAL EXAMINER | | 2/1 | 3/69 | |
| | A. BURIAL CRE | | 4B. DATE | HELT | 24C. NAME of CEMETERY | or CREMATO | DRY | 24D. LOCATION | (City, tawn, | ar county | /) (S | ilote) |
| KE | Moval (Speci Buria: | | 2/17/ | 69 | Mt Aubur | n Cerr | etry | Baltin | nore M | d | | |
| 25/ | A. DATE REC'D | | | 25B. N | AME OF REGISTRAR | | FUNERAL DI | | | DDRESS | | |
| | | EB 14 | 1969 | 162. | us E. en symal | Ado | lphus | Halste | ad 1206 | W | Nort | h A |
| | | | | | | | F298 275 | 7 | | | | 7.7 |



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THE THE SHEET SHEET THE MARKET

69 1711 BALTIMORE CITY HEALTH DEPARTMENT

| and a contract | CERTIFICATE OF DEATH | 69 1711 |
|--|---|--|
| BIRTH NO. | CERTIFICATE OF DEATH REG. NO | |
| 1. NAME OF DECEASED SANDRA DAWSON | 2. DATE Known Month Doy OF DEATH Estimoted February 13, | Yeor Hour 1969 4:15 A M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy | Yeor Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD February 13, | 1969 4:15 A.M |
| CERTIFICATE AMENDED Baltimore City Hospital 3-3-6 | 5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Maryland B. COUNTY | Baltimore |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CIT | Y LIMITS? |
| Female White WIDOWED ☐ DIVORCED ☐ | Essex YES | s No D |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. 10. AGE (In years If U | E. STREET AND NUMBER 1123 Glen Manor Apts. | #2 53-00 |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME | 11 and |
| MO. WHAT COUNTRY? | JOHN MEIL HAMMER | |
| 14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTI done during most of working life, even if retired) | RY 15. MOTHER'S MAIDEN NAME | 12-13-13-14 |
| ELERIC | PATILLIS M=COY | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. | | DRESS |
| No | PHYLLIS MEILHAMMER | ABOVE |
| 19. CAUSE OF DE | ATH | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | R AS A CONSEQUENCE OF: | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | VAS PERFORMED | 21. AUTOPSY? (Yes or No) |
| | | Yes |
| UNDERLYING OR CONTRIB- home, farm, foctory, street, off | ice bldg., etc.) athroom 247 Stemmers Ru | t location) |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? | 11 1100 |
| OF INJURY (APPROX.) 2-13-69 2:05 A. m. WHILE AT NO AT | ? Apparently shot se | lf |
| I certify that I held an Inquiry Inspection A resulted from: Natural causes Accident Suic ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type) | | DATE SIGNED |
| 24A. BURIAL CREMATION, PAB. DATE 24C. NAME of CEMETER 2/15/69 SACRED | HEART BALTO. MC | or county) (State) |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR | J. G. CONNELLY SONS | 300 MAC |
| VS 151-REV, 1/1/68 | 0 17 10 | ,,1.1- |

Letter from M. E. & Office H. H.

大大日本日 在日子日十五日日日

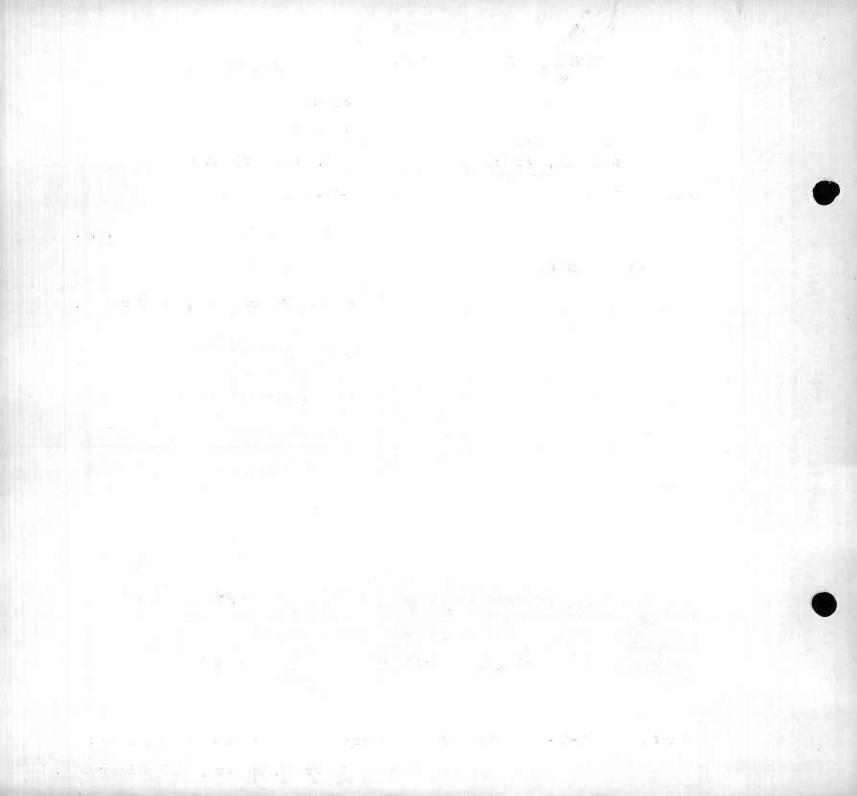
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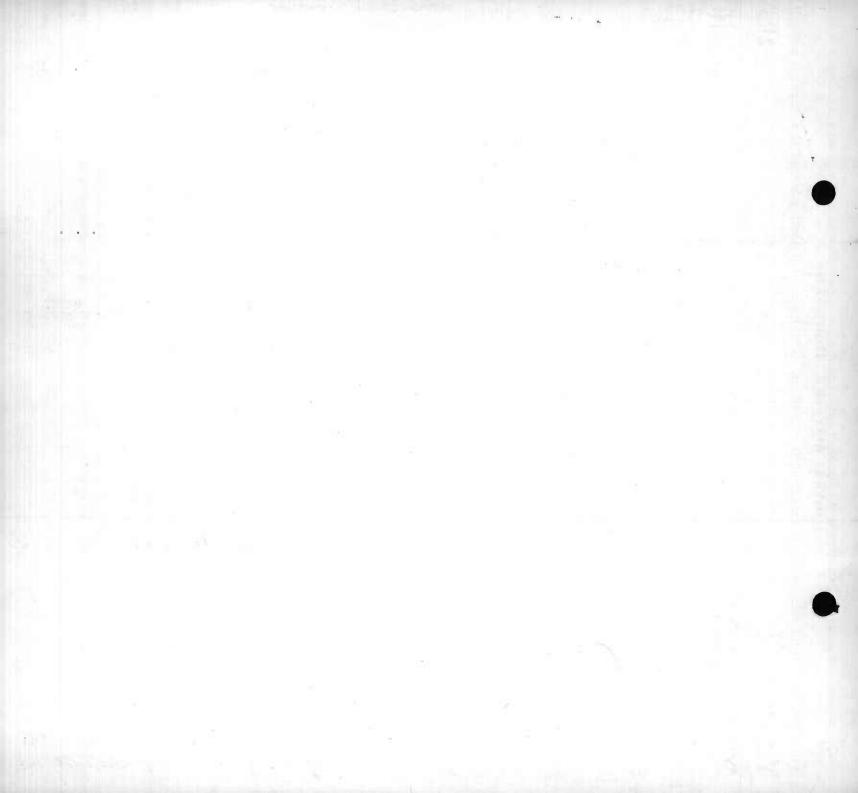


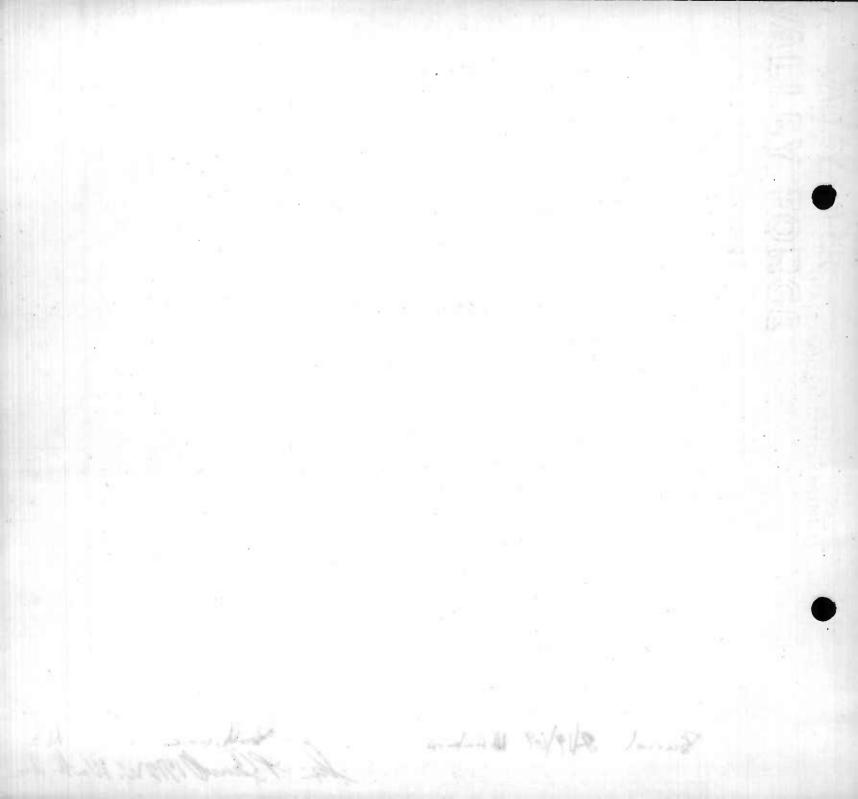
| 1 | 69 1 | BALTIMORE CITY | HEALTH DEPARTMENT | 250 110 | 69 17/13 |
|------------|---|---|---------------------------------|---|---|
| ~ | BIRTH NO. | 713 CERTIFICA | TE OF DEATH | REG. NO | |
| | 1. NAME OF DECEASED (Type or Print) DELAWDER, LI | | | ARY 9, 196 | 9 6:30 A. M. |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | ONOUNCED DEAD | 4. USUAL RESIDENCE (When | e deceased lived II ins | titution: residence before admission) |
| | FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION | ISTITUTION, GIVE STREET | MARYLAND C. CITY OR TOWN | 21227 H | ow and 63-00 |
| | ST. AGNES HOSPITAL | | BALTIMORE | | YES NO NO |
| ./ | OCATON & WILKENS AVEN BALTIMORE, MARYLAND | UES 21229 | E. STREET AND NUMBER KITKAT ROA | D | |
| is mad | FEMALE WHITE WIDOW | | 12-28-94 | 9. AGE (In years lost birthday) | If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min. |
| | 10A, USUAL OCCUPATION (Give kind of work 108, KINI done during most of working life, even if refired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLA CE (Stote or forei | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| | HOUSEWIFE | T Home | WEST VIRGIN | IA | U. S. A. |
| To lead to | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | AE | = H2/2 _ |
| : | Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor ar dates of serving) | 1 6. SOCIAL | 17. INFORMANT BALT | IMORE, MD. | 21220press |
| | NO | 214560407 | ST. AGNES RE | CORDS, WILK | ENS & CATON AVES |
| 5 | DISEASE OF CONDITION DIRECTLY LEADING TO DEATH | ACUTE MY | OCARDIAL I | NEARCTI | BETWEEN ONSET AND DEATH 30 min |
| paumed | (This does not mean the mode of dying | e.g., (A) IMMEDIATE CAU | SE A CONSEQUENCE OF: | ************************ | |
| | hearl foilure, asthenia, etc. It means the dise injury or camplication which caused dooth.) | use. | ay IHROMBOS | 25 | |
| | ANTECEDENT CAUSES | | | | |
| | DISEASES OR CONDITIONS, if ony, given ise to the obave cause (A) stoling UNDERLYING CONDITION last. | ing DUE TO, OR AS | A CONSEQUENCE OF: | | *************************************** |
| | 1 | (0) | | | *************************************** |
| | O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A) | NG | | | |
| | DISEASE OR CONDITION GIVEN IN PART 1 (A). | ************* | 120 A | | |
| | WAS PERFORMED | | WO | 208 IF YES, WERE FIN IN CERTIFYING CAUS | NDINGS CONSIDERED SES OF DEATH? |
| | OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined | 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.) | i or obout 21 C. WHERE DID | (if In Boltimore | City, give exect location) |
| 11 | S OF INJURY | 21 E INJURY OCCURRED | 21F. HOW DID INJU | JRY O C CUR? | |
| | [APPROX.] | While Al Not While Work Not Work | L | | |
| | 22. I certify that () (this hospital) attende | d the deceased from 02 | -06-69 | 9 ta 02-0 | 9-69 19 |
| | that (I) (we) last saw the deceased alive o | | | t in (my) (aur) apini | an death accurred an the date |
| | and haur and from the causes stated above | . M) (We) (did) (did Koh) vi | lew the bady after death. | | |
| | 23A. SIGNATURE | Atter Phys. | nding Med. | Staff Chys. | 2/9/69 |
| manidda | JAMES G. KANE JR. | [2 | 3D. ADDRESS ATON & WILKEN | | ALTO.,MD.21229 |
| | TENTO AND (Specify) | NAME of CEMETERY OF CRE | | | town, or county) (Stotel |
| | Burial 2-13-69 1 | MEASOWR, das MA | EM. PARK Elk | RIDGE H | burand and |
| | AND MAY NO | AE OF REGISTRAR | Higinto Thom - S. | lack 1 | MILLOTT Eily MAL |
| II- | (S 150-REV, 1/1/6B | A E Grade ga | 777777777 | | 1110011 000, 1-12 |
| | | | 4 444 | | |

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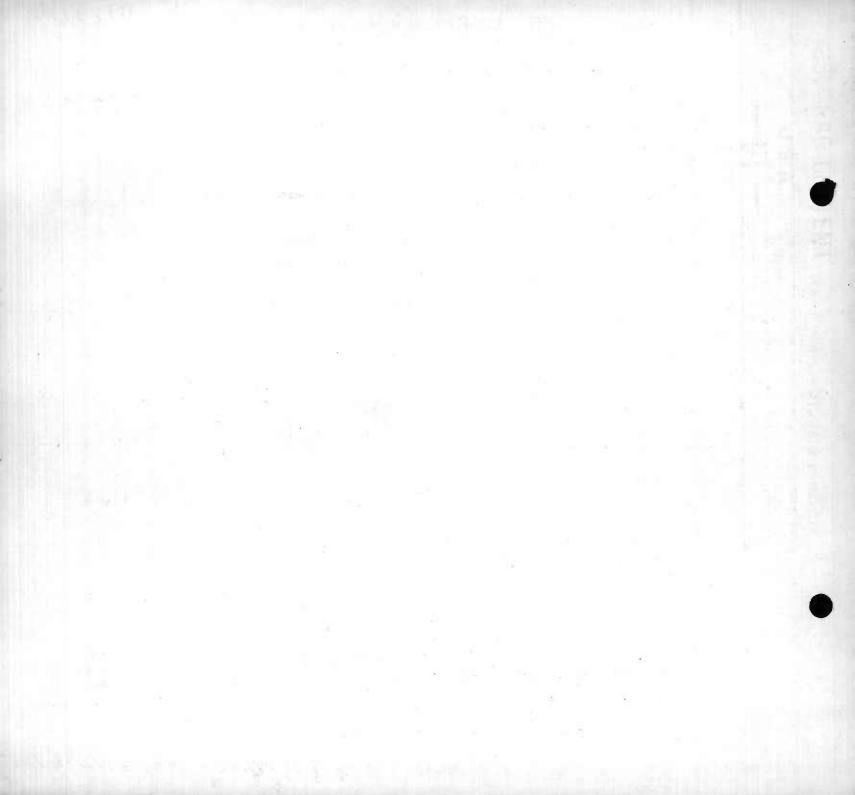
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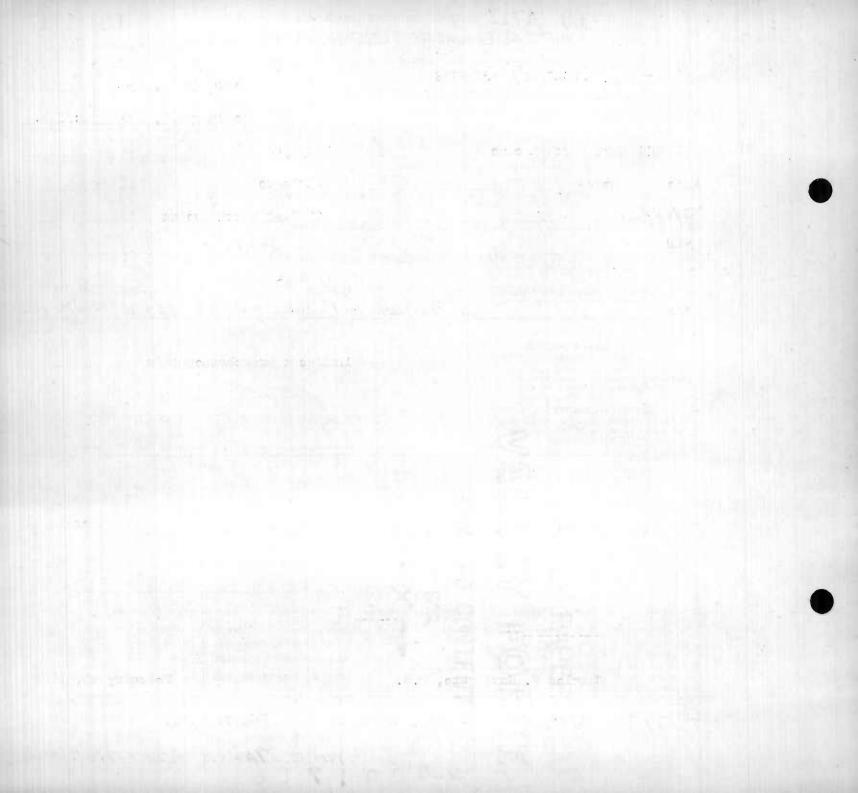


| | ORE CITY HEALTH DEPARTMENT 69 1716 |
|--|--|
| 69 1716 CFRT | IFICATE OF DEATH |
| BIRTH NO. | 2, DATE AND HOUR OF DEATH |
| (Type or Print) | |
| 3. PLACE IN BALLWICKE MARTLAND, WHERE PRONOUNCED DEAD | Robinson 2-14-69 7 7:05 PM. [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) |
| 3. FLAGE IN BALLINGE MARILAND, WHERE FRONDONCED DEAD | A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION) | reset Maryland City 12-04 |
| INSTITUTION | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| The Good Samaritan Hospital | Baltimore 21218 YES P NO |
| 5601 Loch Ravon Blud. | E. STREET AND NUMBER |
| Baltimore, Md. 21212 | 327 E. 22nd St. |
| 5. SEX 6. RACE 7. MARRIED NEVER MAR | RRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months! Doys Hours! Min. |
| Fernale Negro WIDOWED P DIVOR | RCED 2-9-1900 69 |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR | |
| done during most of working life, even if retired) | V |
| | Virginia USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| William Lee | Mory Lee |
| 15. Was Deceased Ever in U. S. Armed Forces? | 17. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor or doles of service) 212-36-0 | |
| | OF DEATH APPROXIMATE INTERVAL |
| | BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | that to All |
| (A)IMME | EDIATE CAUSE Performany arrest much |
| heal failure, asthenia, etc. It means the disease, | TO, OR AS A CONSEQUEN OF: |
| injuly of complication which coused death.) | -0 |
| ANTECEDENT CAUSES | Krone Perol fallure brenche |
| The state of the s | TO OR AS A CONSEQUENCE OF: |
| rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, | Gove pyloephoritio |
| | |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION | ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| WAS PERFORMED | IN CERTIFYING CAUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJ | URY (e.g., in or about 21 C. WHERE DID (II in Boltimare City, give exact location) |
| OR CONTRIBUTING CAUSE OF home, lorm, loctory, | , street, office bldg., INJURY OCCUR? |
| | |
| OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU | |
| (APPROX.) While At | Not While At Work |
| | from 12-6 1968 to 2-14- 1969 |
| 22. I certify that (1) (this haspital) attended the deceased f | |
| 22. I certify that (I) (this hospital) attended the deceased f | 19 69 and that In(an) (and palains doubt assured as the date |
| that (I) (we) lost saw the deceased olive on 2-14 | |
| ond haur ond fram the couses stoted obove. (1) (We) (did) (did) | did not) view the bady ofter deoth. |
| that (I) (we) lost saw the deceased olive on 2-14 | did not) view the bady ofter deoth. 238. DATE SIGNED |
| that (I) (we) lost saw the deceased olive on 2—A ond haur ond fram the couses stoted obove. (I) (We) (did) (| did not) view the bady ofter deoth. |
| ond haur ond fram the couses stoted obove. (I) (We) (did) (d | Attending Med. Staff 238, DATE SIGNED |
| ond haur ond fram the couses stoted obove. (I) (We) (did) (d | Attending Med. Director Phys. 238. DATE SIGNED |
| that (I) (we) lost saw the deceased olive on 2—A ond haur ond fram the couses stoted obove. (I) (We) (did) (| Attending Med. Staff Belling, Med. Director Phys. Belling, Med. Director Phys. Belling, Med. DEGREE II KNOLL RIDGE COVRT |
| that (I) (we) lost saw the deceased olive on 2—A ond haur ond fram the couses stoted obove. (I) (We) (did) (| Attending Med. Staff Director Phys. Degree No. 123B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS Baltury Md No. 125B. DEGREE No. 125B. D |
| that (I) (we) lost saw the deceased olive on 2—4 ond haur ond fram the couses stoted obove. (I) (We) (did) (| Attending Med. Staff Belling, Med. Director Phys. Belling, Med. Director Phys. Belling, Med. DEGREE II KNOLL RIDGE COVRT |
| that (I) (we) lost saw the deceased olive on 2—A ond haur ond fram the couses stoted obove. (I) (We) (did) (| Attending Med. Staff Director Phys. Degree No. 123B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS Baltury Md No. 125B. DEGREE No. 125B. D |



69 1717 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL EXAMINER'S C | |
|--|---|
| 1. NAME OF DECEASED (Type or Print) JULIUS (JUELIOUS) JENKINS | 2. DATE Knawn Month Doy Year Hour |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | DEATH Estimoted February 13, 1969 M. 3. DATE Month Doy Year Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | PRONOUNCED DEAD February 13, 1969 8:55 A.M. |
| 822 East North Avenue | S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 9-08 |
| 6. SEX 7. RACE B. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Male Negro WIDOWED ☐ DIVORCED ☐ | Baltimore YES X NO |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min. Months, Doys, Min. Months, Min. | 822 East North Avenue |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | Ulysses Jenkins |
| 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY | |
| done during most of warking life, even Ifretired) | Mollie Carter |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na grunknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 218-22-7269 | Mrs Mallie Jenkins 822 E North Au |
| 19. CAUSE OF DEA | |
| heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.) ANTECEDENT CAUSES | AS A CONSEQUENCE OF: |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED 21. AUTOPSY? (Yes or No) |
| ✓ 22Å. FXTERNAL CALISE WAS 228 PLACE OF INLIBY(e.g. | In ar about 22C. WHERE DID (If in Baltimore City, give exect location) |
| UNDERLYING OR CONTRIB- home, form, foctory, street, office | e bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT | 22F. HOW DID INJURY OCCUR? |
| 23. | topsy ond that on this bosis, deoth In my opinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED |
| EXAMINER'S Charles S. Springate, M.D. | ASSOCIATE MEDICAL EXAMINER February 13, 1969 |
| 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY AH. Auburn | |
| 25A. DATE REC'D EV HEALTH DEPT 969 23B. NAME-OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| vs 151-REV. 1/1/6B | 0 7 6 |



IMPORTANT

DIRECTOR:

FUNERAL



| DIDTH NO | | 69 | 17 | 719 CERTIFICA | | | REG. | NO | 69 | 171 | |
|---|--------------------------------------|--------------------|--------------------------|--|-----------------|-----------------------------|-------------------------------|----------------|------------------------------|-----------|------------|
| | DECEASED | | | | | | ND HOUR OF | DEATH | | | |
| (Type or Prin | ¹⁰ B∈ | ell, Rutl | h | | | | 2-12-69 | | 1 8 | 5:45 | 8. |
| 3. PLACE IN | N BALTIMORE, | MARYLAND, W | HERE PRON | OUNCED DEAD | 4. USUAL R | ESIDENCE (Who | ere deceased li | ved. If instit | ution; residence | before o | dmis sion) |
| FULL NAM | E OF (IF N | OT IN HOSPITA | AL OR INS | TITUTION, GIVE STREET | 7 | Maryland | | | 17-0. | 3 | |
| FULL NAME HOSPITAL CONTROL | OR ADD | | | | C. CITY OR 1 | | | D. INSIDE | CITY LIMITS? | | |
| 20 | | nt Hosp: vision | | | | altimore |) | Y | ES X | ио 🗌 | |
| 31 | | ore, Mar | | , | | ND NUMBER | A A | | | | |
| 5. SEX | 6. RACE | ore, mar | | | 8. DATE OF | 517 Lafay | | | / 11 / 9 0 | 15 (1) | 2.1. |
| Fems | | rro | 1 | D NEVER MARRIED | 7,51,0 | | 9. AGE (In you lost birthdoy) | N N | f Under 1 Yr. Nonths Doys | Hours | Min. |
| | | | WIDOWE | DIVORCED DIVORCED DE BUSINESS OR INDUSTRY | Sept 2 | 3.1906 CE (Siote or lore | 62 | | 2. CITIZEN OF | W/U AT C | COLLAND |
| done during m | nost of working life, | | | | | | | | | • | CUNIK |
| Unemp | oloyed | | <u> </u> | | 111 | ore, Mary | | | U.S. | A. | |
| 130 PAINER 2 | 9 NAME | | | | | 'S MAIDEN NA | | | | | |
| Will | iam G. | Cornis | h | | Jane | R. Col | llins | | | | |
| (Yes, no or uni | eased Ever in U known) (II yes, g | . S. Armed Fore | ces? s ol service | SECURITY NO. | 17. INFORMA | ANT | | | ADDRE | \$\$ | |
| | | | | Company of the state of the sta | Mrs. Be | essie Kyl | le (niec | e) 11 | 16 Brent | twood | Ave |
| 18. | / / 1 7 | 1 | | CAUSE OF DEAT | Н | | | | | NIMATE IN | |
| D | ISEASE OR CO | NOITION DIR | RECTLY | | .9 | | | ^ | | OITOLI A | NO DENI |
| IThis de | oes not meon | | dvina e | (A) IMMEDIATE CAL | JSE U | u buel | Thruse. | n leo si | 7 | ****** | |
| heort fai | ilure, osthenio, | elc. il means | the diseos | DUE TO, OR AS | A CONSEQUEN | NCE OF: | | | | | |
| injuty of | complication | ENT CAUSES | aeam. | 1, | 0 - | () | | | | | |
| DISTASI | | | | (B) Mene | A CONSEQUE | 0- Uu | Le mos | lleno | 520 | | |
| rise lo | ES OR CONE | cause (A) | sny, givin Sialina II | | ^ | ٠ ٨ | | | | | |
| UNDER | LYING CONDI | TION last. | | (c) Ka.u. | u hou | the Un | enuyes | <i>~</i> | | ****** | |
| 7 | | 11 | | | | | - 0 | | | | |
| OTHER SI | DEATH BUT NO | TRELATED TO TH | IE TERMINA | G L | | | | | | | |
| DISEASE | OR CONDITION | GIVEN IN PART | 1 (A). | R WHICH OPERATION | 120A. AUT | OBSY2 (Vac as N |) 208 IS VEC | WERE CINI | DINGE CONSU | DERED | |
| OTHER SI TO THE DISEASE 19A. DAT | | WAS PERF | ORMED | . William Orthanion | Ve | OPSY? (Yes or No | IN CERTIFY | NG CAUSE | S OF DEATH? | DERED | |
| U 21A. AC | CIDENT WAS U | INDERLYING _ | 2 | TE PLACE OF INJURY 10.9. | n or obout 21C | WHERE DID | (II In | Soltimore C | ity, give exoct is | ocation) | |
| DEATH I | inolify medical e | xomined | h | ome, form, foctory, street, o | lice bldg., INJ | URY OCCUR? | • | | | , | |
| DEATH I | E [Month] | (Doy) Yeorl | (Hour) 21 | L INJURY OCCURRED | 21 F. | HOW DID IN | URY OCCUR? | | | | |
| S OF INJU | | | V | Vhile At Not Whil | • 🗆 | | | | | | |
| | | 4 . 4 | | Vork LJ Al Work | 12-2- | - 60 | | 2 12- | 69 | | |
| | | | | the deceosed from | | | 1710 | | | 19. | |
| | (we) last saw | | | | | ond th | ot in (my) (c | our) opinio | n death occu | rred on | the date |
| | | couses stote | ed above. | (I) (We) (did) (did not) v | lew the body | y ofter death. | | | | | |
| 23A, SIGN | NATURE | | | - | | | | 23 | B. DATE SIGNE | | |
| Vi. | uguna | 4. 40 | 118h | | nding | Med. Director | Shaff Phys. | | 2-12-69 | y | |
| 23C. PHY | SICIAN'S ME (Type) | 0 | | | 23D. ADDRESS | Provide | nt Hosp | ital | | | |
| VII | RUIMIA | VIE | | M.D. DEGREE | 1514 Div | vision St | | | ore, Man | rylan | d |
| 24A. BURIAL REMOV | CREMATION, | 24B. DATE | | NAME of CEMETERY of CRI | MATORY | | OCATION | | own, or county | | (Stotel |
| Buria: | - | 2/17/69 | 9 B | alto Nationa | l Cem. | Bel | to., N | 7.3 | | | |
| | REC'D BY HEAL | H DEPT. | 25B, NAME | OF REGISTRAR | | ERAL DIRECTO | 10000 | d. | ADD | RESS | |
| | 1 To 1 | 8 17 196 | 9 R | Profes & Landon | Wm . | 6 Marck | 928 | E. No | rth Av | е. | |
| /S 150-REV. | 1/1/68 | | 7 | 37730 | | / | 0.20 | 110 | - ATT SYA | | |



H-435

| BALTIMORE | CITY | HEALTH | DEPARTMENT |
|-----------|------|--------|------------|
| BALTIMORE | CITT | HEALIH | DELWEIAL |

| 69 | 1720 |
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| | |

| BIRTH NO. | ME | DICAL E | XAMINER'S | CERTIF | CATE OF | DEAT | H REG. NO | D | | |
|--|--|--------------------------|---|------------------------|-----------------|-----------------|-----------------|------------------|--------------|-------------|
| 1. NAME OF DEC | | C. HILT | ON | 2. DATE OF DEATH | Known X | Month | Doy | Yeor 1969 | Hour | |
| 4. PLACE IN BAL | TIMORE, MARYLAND, | WHERE PRON | OUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour | M. |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTITUT ATION) | ON, GIVE STREET | | UNCED DEAD | | ary 8. | 1969 | 6: | PM 12 M. |
| | Agnes Hospit | al | (DOA) | A. STATE | Maryland | e dece osed II | B. COUNTY | | before odm | ission) |
| 6. SEX | 7. RACE | 8. MARRIED | NEVER MARRIED | C. CITY O | TOWN | | D. INSIDE | CITY LIMITS? | | |
| Male | White | WIDOWED | | | Cllicott | City | | YES X | NO 🗌 | |
| 9. DATE OF BIRT | 1995 10. AGE (lost birthdu | In years If U | nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min. | E. STREET | 497 Main | Street | | | | |
| | itate or foreign country) | 12. | CITIZEN OF | 13. FATHER | | | | | - | |
| MARI | dans. | | WHAT COUNTRY? | Edi | UARD T | 7. H. | : Iton | | | |
| | PATION (Give kind of work vorking life, even if retired) | | BUSINESS OR INDUSTR | Y 15. MOTH | R'S MAIDEN NA | ME | | | | |
| MECHA | mic | AU | 10 | MA | PHARET | CROU | OFFY | | | |
| | ED EVER IN U.S. ARME (If yes, give wor or dotes | | 17. SOCIAL SECURITY NO. 214-01-9518 | 18. INFOR | MANT | 447 | DIRY | ADDRESS ITELY | anl | |
| 19. | 22. | | CAUSE OF DEA | TH | 11111011 | | 1/160 | / A | PPROXIMATE I | |
| DISEAS | I E OR CONDITION DIRE | CTLY | Arterios | clarat | ic cardiov | 79 0011 9 | r dias | | VEEN ONSET | AND DEATH |
| | LEADING TO DEATH | | (A)IMMEDIATE | | ic cardiov | ascula | r dise | ase | | |
| heort foilure | ot meon the mode of d , osthenio, etc. It meons th nplication which coused de | e diseose, | | AS A CONSE | UENCE OF: | | | | | |
| RISE TO THE UNDERLYIN OTHER SIGN TO THE DE | OR CONDITIONS, IF AN E ABOVE CAUSE (A) STANG CONDITION LAST. II II FICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION IN FOR CONDITION OF INFORMATION IN FOR THE PROPERTY OF THE PROPERTY O | ONTRIBUTING | | AS A CONSI | GUENCE OF: | | | | | |
| 20A. DATE OF | | | WHICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | OPSY? (Yes | or No) |
| - | NAL CAUSE WAS | loop | PLACE OF INJURY(e.g., | :b1 | 22C WHERE DID | /// - D-lat | - Citi | 1 | No | |
| UNDERLYING | OR CONTRIB- | hom | e, form, foctory, street, office | e bldg., etc.) | NJURY OCCUR? | (it in politimo | re City, give e | exoct locotion) | | |
| 22D. TIME OF INJURY (APPROX.) | | | | WHILE | 22F. HOW DID IN | JURY OCC | UR? | | | |
| 23. | ify that I held an | Inquiry 🔲 | | tap sy | and that an t | hie haeie | death in m | v eninien | | |
| | ted fram: Natural car | | ccident Suici | | amicide | | ned manner | | | |
| 16301 | 00 | 7 | D. Soleti | | CHIEF MEDICAL | | | | | |
| ACTUAL | URE (lear | 10,0 | and M.C | ASS | ISTANT MEDICAL | EXAMINER | X | | DATE SIG | NED |
| EXAMIN NAME (1 | ER'S Charle | s S. Sp | Ingate, M.D. | ASS | OCIATE MEDICAL | EXAMINER | □ Fe | ebruary | 9, 1 | 969 |
| 24A. BURIAL CREA | | 24 | IC. NAME of CEMETERY | ar CREMAT | ORY 24D. | LOCATION | (City, to | wn, or county |) (St | ote) |
| BURIA | 1 2-12- | 64 | ST John | 15 | L | Ellico | TI Ply | md | | |
| 25A. DATE REC'D | BY HEALTH DEPT. HEB 17 1969 | | OF REGISTRAR | 25C. | FUNERAL DIRECT | Slack | E | ADDRESS | 1 Poly | , 49 d |
| VS 151-REV. 1/1/68 | | HIOK MEA | V O U U | | 7 | 0 | | | -/' | |

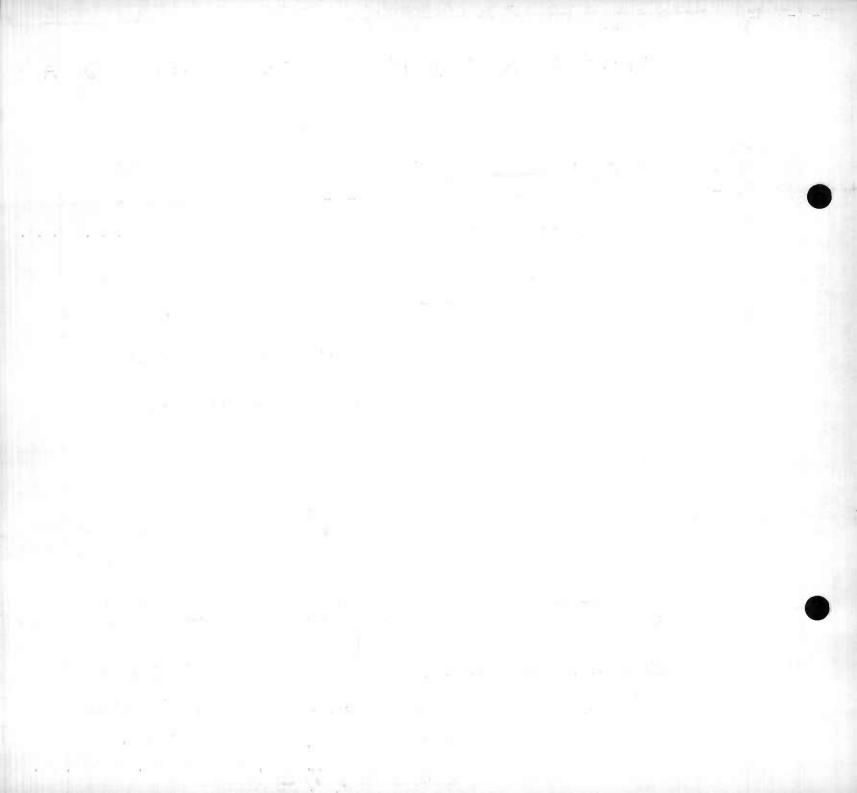
. I. P. committee in the case ST School

| MEDICAL EXAMINER'S CERTIFICATE OF DEAT | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|--|---------|------------|-------------|----|-------|
|--|---------|------------|-------------|----|-------|

| MEDICAL EXAMINER'S C | CERTIFICATE | E OF DE | ATH REG. NO. | | |
|--|-----------------------------|------------------|------------------------|---------------|---|
| 1. NAME OF DECEASED P. | 2. DATE Know | n XX Man | th Day | Year | Hour |
| (Type or Print) DANIEL BROCKWELL | OF | oled 2 | 11 | 69 | 10:10p. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE | Mon | th Doy | Yeor | Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED D | | | 1060 | 10.10 |
| HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | 5. USUAL RESIDENC | | ruary 11. | : residence b | 10:10pm. |
| | A. STATE | | B. COUNTY Balti | more | £2 00 |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN | and | D. INSIDE CI | - | 00.60 |
| | Dunda | lk | | | 175 |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. | Balto. | MRFR | YE | S P | 40 <u>M</u> |
| Sept. 8, 1912 lost birthday) Months Doys Hours Min. | E. STREET ATTO | W DEN | | | |
| 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF | 403 Oa | kwood_Rd | | | |
| Virginia WHAJ COUNTRY? | | | | | |
| | | d Brockw | eTT | | |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) | | | | | |
| Laborer Betz Garage | | Mae How | | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown) (If yes, give wor or dotes of service) 230-10-4867 | 18. INFORMANT | | | | ndalk, Md. |
| | Mrs. Eula | B. Brock | well, 403 (| Dakwood | - |
| 19. 24 CAUSE OF DEA | тн | | | | ROXIMATE INTERVAL EN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY Arter | ciosclerotic | cardiov | ascular di | Sease | |
| LEADING TO DEATH (A)IMMEDIATE C | | carciov | abcarar Gr | beare | |
| | AS A CONSEQUENCE O | F: | | | |
| injury of complication which cooled doom. | | 100 | | | |
| ANTECEDENT CAUSES (B) | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE | AS A CONSEQUENCE | OF: | | | |
| Z UNDERLYING CONDITION LAST. (C) | | | | | |
| 2 | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | 24.0 | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | | |
| C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED | 284 | | 2f. AUTOF | SY? (Yes or No) |
| | | | | N | 0 |
| Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office | in or obout 22C. WHE | RE DID (if in Bo | ltimore City, give exo | | <u> </u> |
| UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED | e bidg., etc.) ii 43 OK i O | CCOK: | | | |
| | 22F. HOW | DID INJURY | OCCUR? | 111 | |
| | WHILE O | | | | |
| 23. | OKK 🔲 [| | | | |
| I certify that I held an Inquiry Inspection XX Au | tapsy and t | hat an this ba | sis, death in my | opinian | |
| resulted fram: Natural causes XX Accident Suicid | le Homicide | Undet | ermined manner | | |
| 70 1-111 | CHIEF M | EDICAL EXAMIN | NER 🗌 | | |
| ACTUAL TWILE | ASSISTANT M | EDICAL EXAMI | NER XX | | DATE SIGNED |
| SIGNATURE M.D. | • | EDICAL EXAMIN | | | |
| NAME (Type) Edward F. Wilson, M.D. | ASSOCIATE M | EDICAL EXAMII | VER | 2/12/ | 69 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | or CREMATORY | 24D. LOCA | TION (City, town | , or county) | (Stote) |
| Burial 2/15/69 Oak Grove Cem | etery | Ports | smouth, Nor | folk (| co. Va. |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL | DIRECTOR | A | DDRESS | |
| FEB 17 1969 a lent & Fallery | John J. | Duda, 79 | 22 Wise Av | re. Dur | ndalk, Md. |
| VS 151-REV. 1/1/68 | 0 7 | 20 | | | |

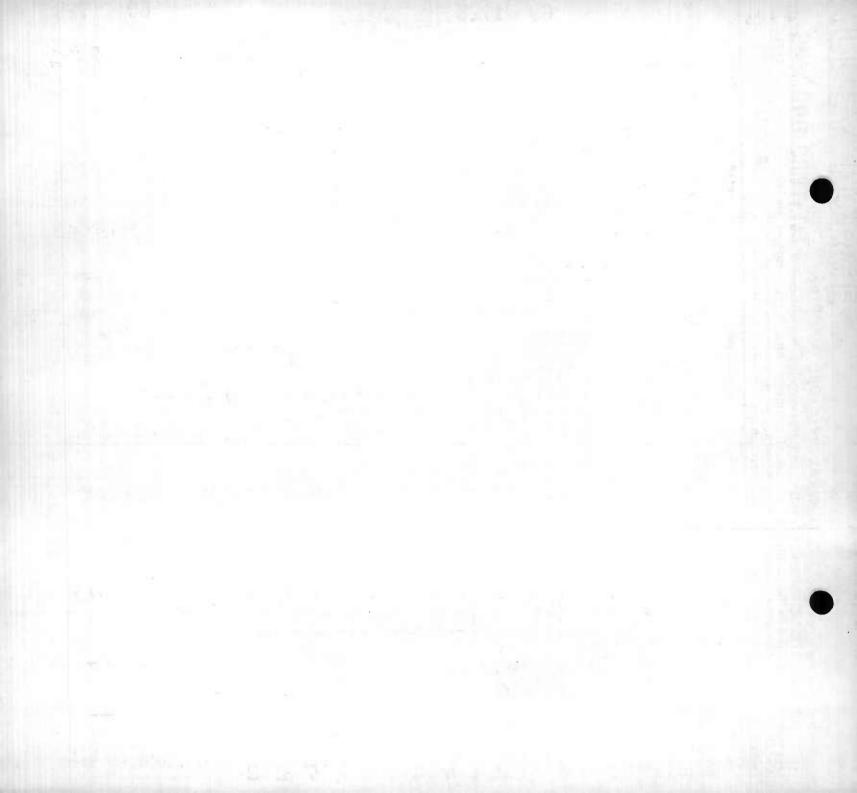
THE H INDUSTRICTION OF THE PROPERTY OF THE PRO

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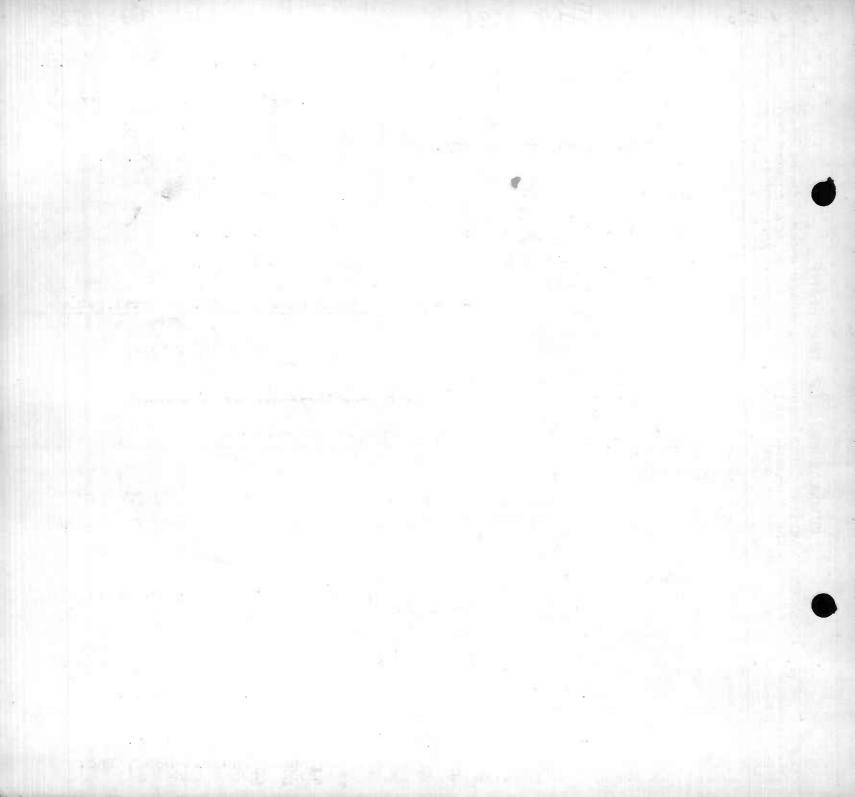


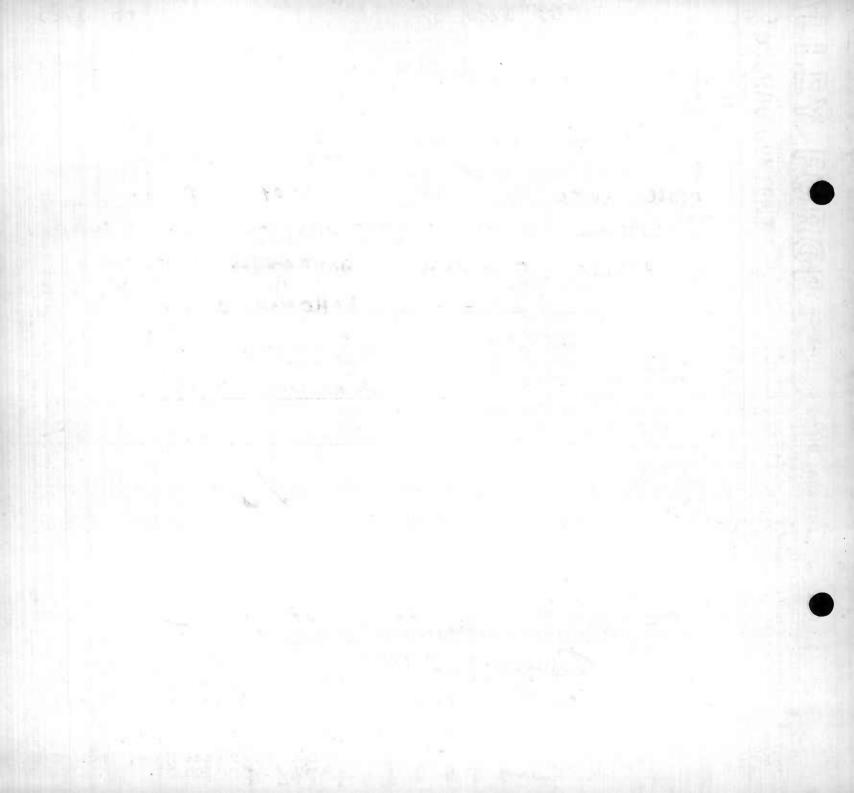
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BALTIMORE CITY HEALTH DEPARTMENT

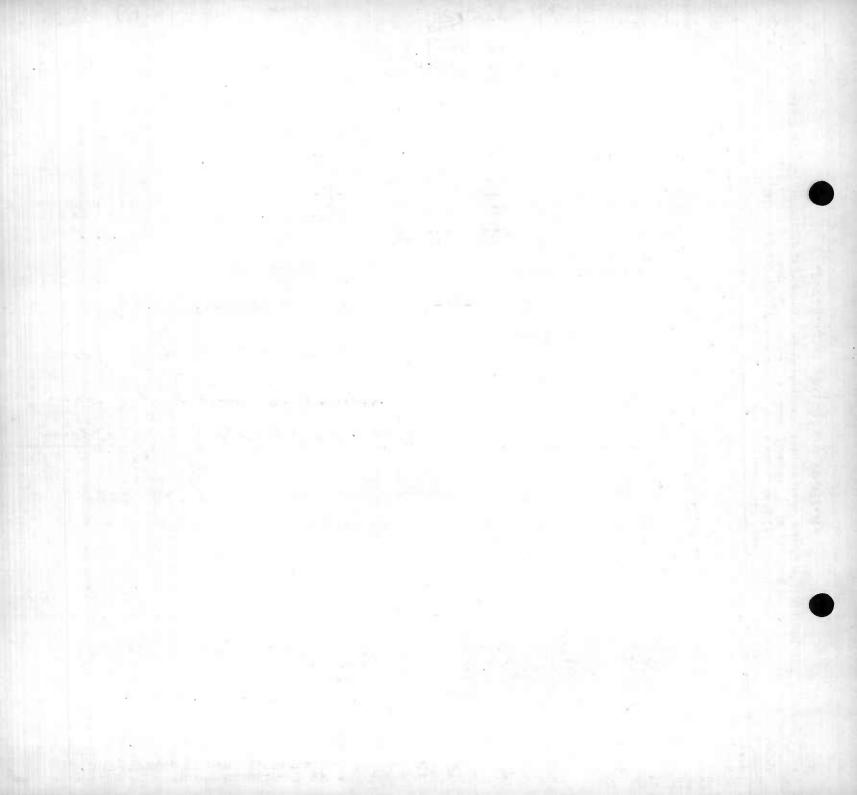


| | co | BALTIMORE CITY | HEALTH DEPARTMENT | 69 1724 |
|--|---|--|---|--|
| 212711 110 | 69 | 1724 CERTIFICA | TE OF DEATH REG. NO. | 00 1/24 |
| BIRTH NO. | EASED | | 2. DATE AND HOUR OF DEATH | |
| (Type or Print) | | IRENE TAYLOR | Feb. 11, 1969 | 4 p.m. A |
| 3. PLACE IN BAL | TIMORE, MARYLAND, W | HERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY | nstitution: residence before admission |
| FULL NAME OF | (IF NOT IN HOSPIT | AL OR INSTITUTION, GIVE STREET | Md., 21206 | 06-42 |
| NSTITUTION | ADDRESS ON LOCA | | Baltimore D. INS | YES K NO |
| 00 50 | 003 Lodesto | me Way Apt. F | 5003 Lodestone Way, | Apt. F. |
| female | 6. RACE | 7. MARRIED NEVER MARRIED DIVORCED | B. DATE OF BIRTH May 6 1895 9. AGE (In yeors lost birthdoy) 73 | tf Under 1 Yr. If Under 24 Hrs Months Doys Hours Min. |
| | | | 11. BIRTHPLACE (Stote or foreign country) | 12. CITIZEN OF WHAT COUNTR |
| one during most of Housew | working life, even if retired) | at homo | Smith Will N V | |
| 3. FATHER'S NA | | at home | Smith Hill, N. Y. | |
| | Albert Sm | nith | Carrie Benton | |
| . Wos Deceosed | Ever in U. S. Armed For | ces? 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| | | 216-03-3298 | George A. Taylor, hu | sband, above |
| DISEASES (rise to the UNDERLYING | nat mean the made at asthenio, etc. It means application which coused ANTECEDENT CAUSES DR CONDITIONS, if a abave couse (A) G CONDITION lost, | any, giving DUE TO, OR AS stoting the | USE CATONARY THROME A CONSEQUENCE OF: WIVARY HEART DI'SE A CONSEQUENCE OF: Y perfers, 'on | |
| TO THE DEAT | TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR | HE TERMINAL RT 1 (A). | | |
| OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE | OPERATION 198. CON WAS PER | IDITION FOR WHICH OPERATION FORMED | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIBL | NT WAS UNDERLYING DITING CAUSE OF medical examiner | 21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.) | n or obout 21C. WHERE DID (If In Boltimo ffice bldg., INJURY OCCUR? | re City, give exact location) |
| 21 D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor) | (Hour) 21 E. INJURY OCCURRED While At Not While At Work Not Work | | |
| 22. 1 certify | that (1) (this hospital | l) attended the deceased from 3 | 5/20/57 19 to 2/ 19 ond that in (my) (our) opi | |
| | | ted obove. (1) (We) (did) (did nat) v | | The decimal of the de |
| 23A. SIGNATI | | and his Atte | anding Med. Shaff | 23 B. DATE SIGNED |
| 23C. PHYSICHA NAME (T | | is Voge1 | 23D. ADDRESS 2601 E. Monumen | t St. |
| 4A. BURIAL CRE | MATION, 248. DATE | 24C. NAME of CEMETERY OF CR | EMATORY 24D. LOCATION (C | ity, town, or county) (State) |
| | MATION, 248. DATE Specily) | | | |
| Burial | BY HEALTH DEPT. | 59 Loudon Park Co | emetery Baltimore, | Md. |
| DAIL REG D | EEB 17 1969 | age to S. Jalyna | Schimunek Funeral H | |





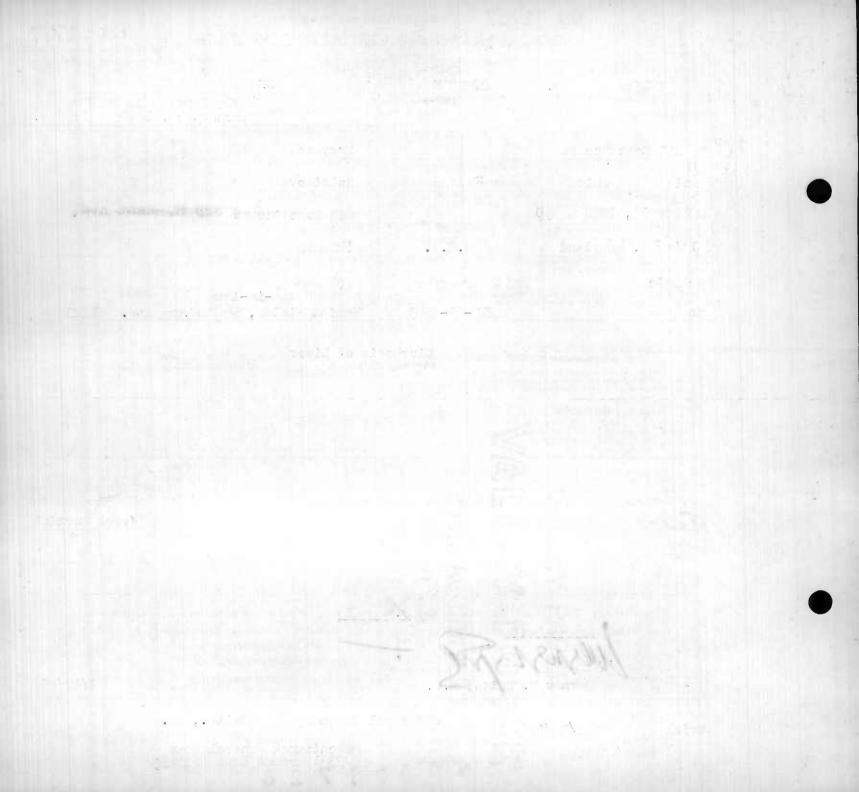
| | | 03 | | DALIMORE CIT | THEATTH DEFARITMENT | | | |
|--|---|--|---------------------------------|--|--|--|--|--|
| | | | | CERTIFICA | TE OF DEATH | REG. NO. | 100 1160 | |
| | | EASED | | | | | ATH | |
| Тур | oe or Print) | Callandan 1 | Vana or a too | + Maru | 2 | 10 60 | I 5.30 A | |
| F White WIDOWED DIVORED 6-13-86 F WALUSAL OCCUPATION (Give kind of work) for RIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (size or foreign country) Saleslady Saleslady Saleslady Grimes Bakery Maryland L. Mothers Manden Name Champness C | PLACE IN BAL | TIMORE, MARYLAND, V | WHERE PRONOL | | 4. USUAL RESIDENCE (W | here deceased lived. | If institution: residence before admissi | |
| | | | | | MIN | 11.1. 63.00 | | |
| | (IF NOT IN HOSPIT | TAL OR INSTITU ATION) | UTION, GIVE STREET | | 120 | MAISTE CITY HANDED | | |
| | | | | | | | | |
| | | | | | | | TES NO | |
| Во | olton Hi | II Nyrsing & | Convale | scent Ctr. | | | | |
| 5. S | EX | 6. RACE | 7. MADDIED | NIEVED MADDIED | | | If Under 1 Yr., If Under 24 I | |
| | ফ | White | | = = | 6-13-86 | lost birthdoy) | Months Doys Hours Min | |
| t Ø A | - | | | | | | 12. CITIZEN OF WHAT COUN | |
| done | e during most of | working life, even if retired) | 1 753 | | | | | |
| | | - | Grim | es Bakery | | | U.S.A. | |
| 13. | | | | | 14. MOTHER'S MAIDEN N | AME | | |
| | X/Q | DOMERROS GAG | orge | | Margare | t Zink | | |
| S. Yes | Was Deceased | Ever in U. S. Armed Fo | es of service) | | 17. INFORMANT | | ADDRESS 2 12 | |
| | | , | | | Edna Mao S | towart do | ht 023 Barron A | |
| | 18. 97 F | 23 3/ 1 | 21 | | | rewart, ac | APPROXIMATE INTERV | |
| | SETWEEN ONSET AND DEA | | | | | | | |
| | DISEA | LEADING TO DEATH | IKECILI | | 0 | and I | | |
| | (This does n | | | (A) IMMEDIATE CAL | USE Orang | ul alle | me neus | |
| | | | | DUE TO, OR AS | A CONSEQUENCE OF: | | | |
| | | | | | | | | |
| | | ANTECEDENT CAUSES | 2 | | | , | 2 1 | |
| | | | | (B) Q | Meurelense | glilled | ned deans | |
| | | | | DUE TO, OR AS | A CONSEQUENCE OF: | | | |
| | | | sloting the | 10 Gran | | | | |
| | | | | () | | - Secretary | | |
| z | | | | | | | | |
| 110 | TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | | | | |
| CA | | | | WHICH OPERATION | 20 A. AUTOPSY? (Yes or | Noll 208, IF YES WI | FRE FINDINGS CONSIDERED | |
| TIF | 0 | | | WITCH OF EXAMEN | 2010131, 1100 | IN CERTIFYING | CAUSES OF DEATH? | |
| LLI. | 21A. ACCIDE | NT WAS UNDERLYING | 7 21 B | PLACE OF INJURY (e.g., | in or about 21 C. WHERE DID | (If In Balt | timore City give exact location | |
| -1 | OR CONTRIBL | TING CAUSE OF | hom | e, form, foctory, street, o | ffice bldg., INJURY OCCUR | in in bui | and a city, give exact to contain | |
| ō | | | | | | | | |
| | | (Month) (Doy) (Year) | | | | NJURY OCCUR? | | |
| 2 | | | I Whi | | | | | |
| | (APPROX.) | | | rk Not Whi | le 🔲 | | | |
| | | | Wo | rk | | (9/ | 2 /12 :- (0 | |
| | | that (1) (this hospita | Wo | rk At Work | 4/12 | | | |
| | 22. I certify | | l) attended t | rk At Work | 4/12 | | | |
| | 22, I certify that (I) (we) | last saw the decease | I) attended the | he deceased from | 4/12 19 6 9 and | that in (my) (aur) | | |
| | 22. I certify that (I) (we) and haur and | last saw the deceased fram the causes sta | I) attended the | he deceased from | 4/12 19 6 9 and | that in (my) (aur) | | |
| | 22. I certify that (I) (we) and haur and | last saw the deceased fram the causes sta | I) attended the | he deceased from | 19 6 7 and view the bady after deat | that in (my) (aur) h. Shaff | apinion death accurred an the | |
| | 22. I certify that (I) (we) and haur and 23A. SIGNATU | d fram the causes sta | I) attended the | he deceased from (We) (did) (did not) | 19 6 9 and view the bady after deat | that in (my) (aur) h. Shaff | apinion death accurred an the | |
| | 22. I certify that (I) (we) and haur and 23A. SIGNATU | last saw the deceased from the causes sta | I) attended the | he deceased from (We) (did) (did not) | 19 6 7 and view the bady after deat ending Med. Director 23D. ADDRESS | that in (my) (aur) h. Shaff | apinion death accurred an the | |
| | 22. I certify that (I) (we) and haur and 23A. SIGNATU | last saw the deceased from the causes stated RE | al) attended the dalive an | he deceased from | y / 2 19 6 9 and view the bady after deat ending Med. Director 23D. ADDRESS TE Real | that in (my) (aur) h. Shaff | apinion death accurred an the | |
| | 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T | d from the causes stated in the cause s | woodl) attended the ed alive an | At Work he deceased from (We) (did) (did not) DEGREE Ath | 19 6 9 and view the bady after deat price of Director 23D. ADDRESS | that in (my) (aur) h. Shaff Phys. | 23B. DATE SIGNED 2/10/69 | |
| | 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T | last saw the deceased from the causes stated in the cause s | woodl) attended the ed alive an | At Work he deceased from (We) (did) (did not) DEGREE Phy DEGREE AME of CEMETERY of CR | 19 6 9 and view the bady after deat pending Med. 23D. ADDRESS TE Real EMATORY 24D | that in (my) (aur) h. Shaff Phys. LOCATION | apinion death accurred an the country and the country and the country appears a country appears and the country appears and th | |
| 24 A | 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T | last saw the deceased from the causes stated from the causes from the cause | ht 24C.NA | At Work he deceased from (We) (did) (did not) DEGREE Phy DEGREE | 19 6 9 and view the bady after deat pending Med. Director Director Director DEMATORY 24D | that in (my) (aur) h. Shaff Phys. LOCATION Baltimore | apinion death accurred an the country and the country and the country appears a country appears and the country appears and th | |
| 24 A | 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T | last saw the deceased from the causes stated from the causes from the cause | ht 24C.NA | At Work he deceased from (We) (did) (did not) DEGREE Phy DEGREE | 19 6 9 and view the bady after deat ending Med. Director 23D. ADDRESS EMATORY 24D Metery 2SC. FUNERAL DIRECT | that in (my) (aur) h. Shaff Phys. LOCATION Baltimore OR | apinion death accurred an the of the signed with the signed wi | |
| 24A | 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T | I ast saw the deceased from the causes stated from the causes from the cause of the causes from the cause from the | ht 24C.NA | At Work he deceased from (We) (did) (did not) DEGREE Phy DEGREE | 19 6 9 and view the bady after deat ending Med. Director 23D. ADDRESS EMATORY 24D Metery 23C. FUNERAL DIRECT Schimunek | that in (my) (aur) h. Shaff Phys. LOCATION Baltimore OR | apinion death accurred an the 23B. DATE SIGNED 2/10/69 City, town, or county) (City, town, or county) ADDRESS HOME, Inc. | |



69 1727 BALTIMORE CITY HEALTH DEPARTMENT

| 69 | 4 | pay | 2 | pos |
|-----|---|-----|---|-----|
| ()0 | 1 | \$ | ~ | ij |

| BIRTH NO. | MED | ICAL EX | AMINER 5 | EKIIF | CATEO | F DEATI | REG. NO | | | |
|--|--|------------------------|---|---------------------------------|--------------|-------------------|---------------------|------------|--------------|-----------|
| I. NAME OF DEC | EASED | | | 2. DATE | Knawn 🗌 | Month | Day | Year | Hour | |
| (Type or Print) WILL: | | CO | MPTON | OF DEATH | Estimoted X | | , | | 1.00 | |
| | TIMORE, MARYLAND, W | | | 3. DATE | | Manth | Day | Year | Hour | <u>M.</u> |
| FULL NAME OF | (IF NOT IN HOSPITA | L OR INSTITUTIO | N, GIVE STREET | PRONO | JNCED DEAD | Februar | y 10, 19 | 169 | 3:00 | P |
| OR INSTITUTION | ÀDDRESS OR LOCA | IION) | | 5. USUAL R | ESIDENCE (Wh | | ed. If Institution: | | | |
| 322 Ea | ast Street | | | A. STATE Mar | yland | | B. COUNTY | | 5-0 | 1 |
| 6. SEX | 7. RACE | 8. MARRIED | NEVER MARRIED | C. CITY OR | TOWN | | D. INSIDE CITY | LIMITS? | | |
| male | white | WIDOWED 🔼 | DIVORCED | Ba1 | timore | | YES | | 10 O | |
| 9. DATE OF BIRTH | Last blethda | years If Und Months | er 1 Yr, If Under 24 Hrs. 1 Days Hours Min. | | | 32 | Pact | Ctro | .4. | |
| | tate or foreign country) | | IZEN OF | 13. FATHER | | D688 757 | 2 East | 20166 | 36:0 | |
| | | | AT COUNTRY? | | | | | | | |
| | , Maryland | | | | nown | A 44F | | | | |
| done during most of w | PATION (Give kind af wark varking life, even if retired) | 140. KIND OF BU | 121ME22 OK INDOZIKI | 13. MOTHE | K S MAIDEN N | AME | | | | |
| Mechanic | | | ransfer | | nown | | | | | |
| (Yes, no ar unknown) | ED EVER IN U.S. ARMED (If yes, give wor ar dotes | of service) | 7. SOCIAL SECURITY NO. | 18. INFORM | 2011 | in-law | | DRESS | | |
| no | | 21/7 | -01-2583 | | tt Field | ls,954 Ha | amberg Av | | 1221 | |
| 19. 5 7 | 191 | | CAUSE OF DEA | TH | | | | | PROXIMATE IN | |
| DISEAS | E OR CONDITION DIRE | CTLY | Cirrhos | rie of | fuer | | | | | |
| | LEADING TO DEATH | | (A) IMMEDIATE C | | | | | | | |
| heart fallure, | ot meon the mode of dy , asthenia, etc. It means the aplication which caused dec | disease, | DUE TO, OR | AS A CONSEQ | UEN CE OF: | | | | | |
| | | | | | | | | | | |
| | NTECEDENT CAUSES OR CONDITIONS, IF ANY | CIVING | (B) | AS A CONSE | DUENCE OF | | | | | |
| RISE TO THE | E ABOVE CAUSE (A) STA | TING THE | DOE 10, OK | A5 A C0110E | GOLINCE OI. | | | | | |
| Z | NG CONDITION LAST. | | (c) | | | | | | | ~~~~~~ |
| OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF | II. | | | | | | | | | |
| OTHER SIGN | IFFICANT CONDITIONS CONTINUES CONTIN | | | | | | | | | |
| DISEASE OR | CONDITION GIVEN IN PA | | | | | | | | | - 14 |
| A PAIE OF | OPERATION 208. CON | NDIIION FOR W | HICH OPERATION W | AS PERFORM | ED | | | | PSY? (Yes o | |
| OCH . | | | | | | | | 10 | Part | ial |
| UNDERLYING | NAL CAUSE WAS ON CONTRIBUSE OF DEATH. | 228. PL home, | ACE OF INJURY (e.g., form, foctory, street, offic | in ar about a e bldg., etc.) | NJURY OCCUR | D (If in Saltimor | e City, give exoct | locotion) | | / |
| | (Manth) (Day) (Year | r) (Hour) 228 | INJURY OCCURRED | 2 | 2F. HOW DID | INJURY OCCU | IR? | | 11/ | |
| (APPROX.) | | | | WHILE ORK | | | | | | |
| 23. | | m.Į WC | AIN LJ AIN | OKK LJ | | | | | | |
| I cert | ify that I held on I | nquiry 🔲 | Inspection P.Au | topsy X | ond that or | this basis, | deoth in my o | pinlon | | |
| result | ted from: Notural cau | ses Ac | ident Suicio | le H | omicide 🔲 | Undetermin | ned monner | | | |
| | 11110000 | 16 | | | CHIEF MEDICA | LEXAMINER | | | | |
| ACTUAL SIGNATI | JRE/NEYN | MA | M.D | ASSI | STANT MEDICA | L EXAMINER | X | | DATE SIGI | NED |
| EXAMIN NAME (T | | U. Spitz | , M.D. | ASSC | CIATE MEDICA | L EXAMINER | | | 2/10/ | 69 |
| 24A. BURIAL CREA | | 24C | NAME of CEMETERY | | | D. LOCATION | (City, town, | or county) | (Sto | ite) |
| Burial | 2/14/8 | 59 | New Cathedr | al Ceme | tery | Balto | , Md. | | | |
| 25A. DATE REC'D | BY HEALTH DEPT. | | F REGISTRAR | 25.C. | NERAL DIRE | CIOR | Home AD | DRESS | | |
| | TA 1908 0 | West, E | starbana | 33 | 31 Brehm | s Lane | 21213 | | | |
| VS 151-REV. 1/1/68 | 3 | - | 1 0 0 |] | 1 2 6 |) | | | | |



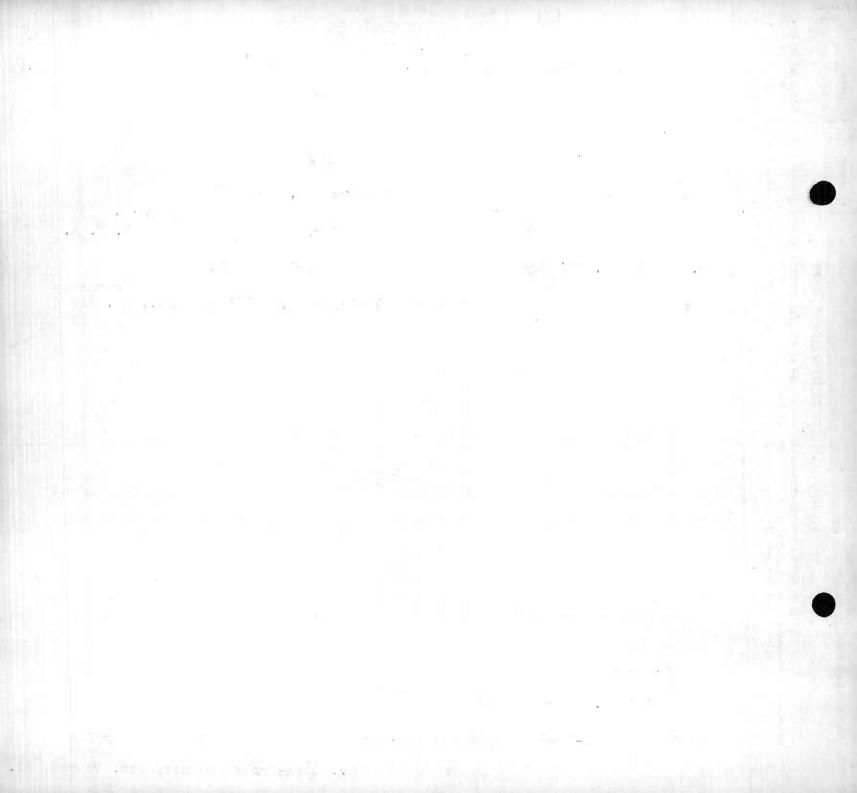
| | CO 4 19 C | BALTIMORE CITY | HEALTH DEPARTMENT | 69 1728 | |
|--|-----------------------|-----------------------------|--|---|------------|
| | 69 172 | CEPTIFICA | TE OF DEATH | 3. NO. 100 1/20 | |
| BIRTH NO. | | CLKTITICA | TE OF BLATTI | | |
| Type or Print) | | 11/- | 2. DATE AND HOUR C | ^ | |
| | CHARd | Ve /W// | 1/84 2-13- | - / 0 . 0 | 5 AV |
| 3. PLACE IN BALTIMORE, MARY | LAND, WHERE PRONO | UNCED DEAD | A. STATE B. COUNTY | lived. If institution: residence before o | dmis sian) |
| FULL NAME OF (IF NOT IT | HOSPITAL OR INSTIT | UTION, GIVE STREET | Mid. | 11-01 | |
| HOSPITAL OR ADDRESS | OR LOCATION) | | C. CITY OR TOWN | D. INSIDE CITY LIMITS? | |
| to Ma | , / | 1 , | TO A 1 TO | YES X NO | |
| B7/1/100001 | //. | 1.40/ | E. STREET AND NUMBER | PIS | 1111 |
| MICKEY | 14050 | 01141. | 611 57 | aul It. | |
| 5. SEX | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In last birthdo | | er 24 Hrs. |
| M | WIDOWED | DIVORCED | March 23,1904 64 | | |
| IOA. USUAL OCCUPATION (Give k | | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT | COUNTRY |
| done during most of working life, even | ? | | Maryland | U. S. A. | |
| 13. FATHER'S NAME | - 6 | | 14. MOTHER'S MAIDEN NAME | U. D. A. | |
| 13. PATHER 3 HANGE | | | 14. MOTHER 3 MAIDEN NAME | | |
| Dr. Charles R. T | willey | | Katherine Merrit | | |
| 15. Was Deceased Ever in U. S. A (Yes, no ar unknawn) (If yes, give w | Armed Farces? | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | 7308 C Dunmanway | |
| No | | | Richard R. Twilley | | |
| 18. 44 Q / V I | | CAUSE OF DEAT | | APPROXIMATE IN | |
| | | CAUSE OF DEATH | | BETWEEN ONSET A | |
| DISEASE OR CONDI | | | a. 1 | 111111 | |
| (This does not mean the | | (A) IMMEDIATE CAL | ISE DIGCHO PREUMONIA, A CONSEQUENCE OF: | sevell- pro. | |
| heart failure, asthenia, etc. | It means the disease, | DUE TO, OR AS | A CONSEQUENCE OF: | 11-01-006 | |
| injury or complication which | h caused death.) | 100 | 1 , 11 | | |
| ANTECEDENT | CAUSES | 18) Fel. Cmy | hyperra, brachetis, ch | in years. | |
| DISEASES OR CONDITIO | NS, if any, giving | DUE TO, OR 4S | CONSEQUENCE OF: | | |
| rise to the above cau | | (0) | | | |
| ORDERETHOS CONDITION | iusi. | (C) | *************************************** | | |
| z 11 | CONTRIBUTE O | | | | |
| TO THE DEATH BUT NOT REL | | Falle | enfeltrate of lev | er (severe) unk. | |
| ▼ DISEASE OR CONDITION GIVI | | | | | |

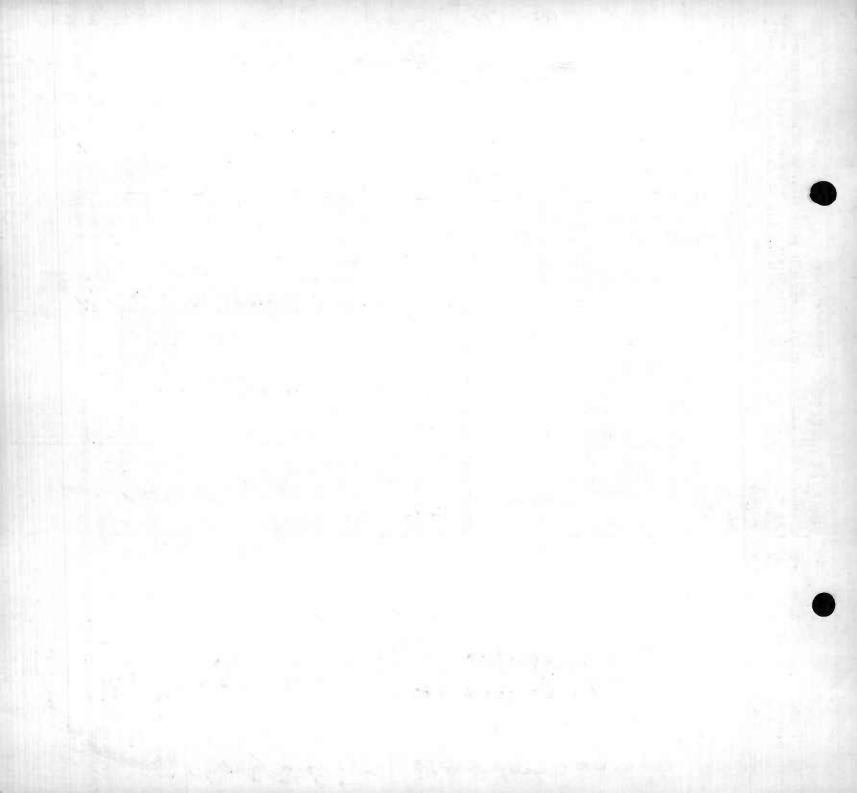
and that in(my) (our) opinion deoth occurred on the date

Cook Brooks Towson, Inc.

Towson,

(State)





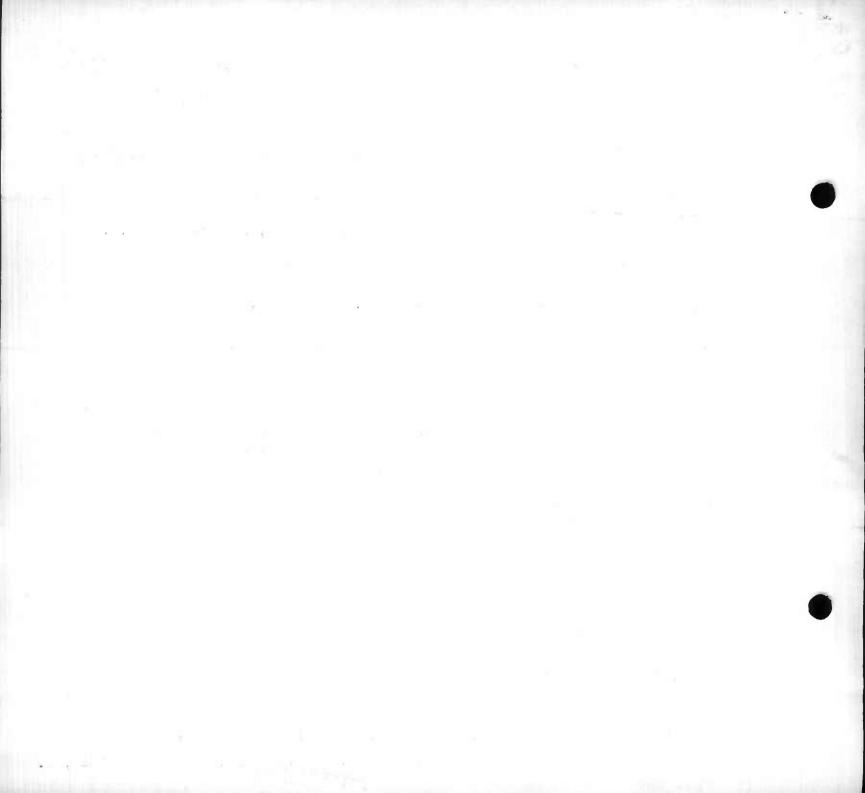
hospital

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



69 1731 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | |
|---------|-------------------|-------------|----|-------|--|

| MEDI | ICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO. | 1731 | |
|---|---|---|--------------------------|--|
| 1. NAME OF DECEASED (Type or Print) JOHN L.M. | ARTIN | 2. DATE Known Month Doy OF Estimoted February 12, 19 | fear Hour | |
| HOSPITAL ADDRESS OR LOCAT | L OR INSTITUTION, GIVE STREET | 3. DATE Month Doy February 12, 19 | M. | |
| 3704 Old Fred | erick Road | 5. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before odmission) A. STATE Maryland B. COUNTY 0 - 47 | | |
| 6. SEX 7. RACE White | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO | | |
| 9. DATE OF BIRTH 10. AGE (In last birthday 67 | | | | |
| 11. BIRTHPLACE (State or loreign country) Elizabeth, N. J. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | 13. FATHER'S NAME Unknown | | |
| 14A.USUAL OCCUPATION (Give kind of work) dane during mast of warking life, even il retired) Ironworker | | Y 15. MOTHER'S MAIDEN NAME Unknown | | |
| 16. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (II yes, give wor ar dates o | f service) 17. SOCIAL SECURITY NO. 280-07-6749 | Mrs. Thelma V. Martin 3704 Old F. | | |
| LEADING TO DEATH (This does not meen the made of dyin heart lailure, asthenio, etc. It means the injury or complication which coused deal and an anticomplication which coused deal anticomplication which coused deal anticomplication complication conditions. If any, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO | GIVING DUE TO, OR NG THE (C) | AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: | | |
| DISEASE OR CONDITION GIVEN IN PA | | AS PERFORMED 21. | AUTOPSY? (Yes or No) | |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) | home, larm, factory, street, affic (Haur) 22E. INJURY OCCURRED WHILE AT NOT | in ar about 22C. WHERE DID (II in Baltimare City, give exact lace bldg., etc.) 22F. HOW DID INJURY OCCUR? | itian) | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Resulted from: Natural caus | S. Springate, M.D. | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER February | DATE SIGNED ary 13, 1969 | |
| 24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 25A. DATE REC'D BY HEALTH DEPT. | 24C. NAME of CEMETERY 1969 Loudon Park (25B. NAME OF REGISTRAR | | | |
| VS 151-REV. 1/1/6B | Robert E. Farley | G. Truman Schwab 3512 Freder | ick Ave.Balto. | |

Dec. 5, 1901

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U. S. A.

Halto, No. 22,223

200-07-6749 Non Thelms V. Martin 7704 Old Producton Ul.

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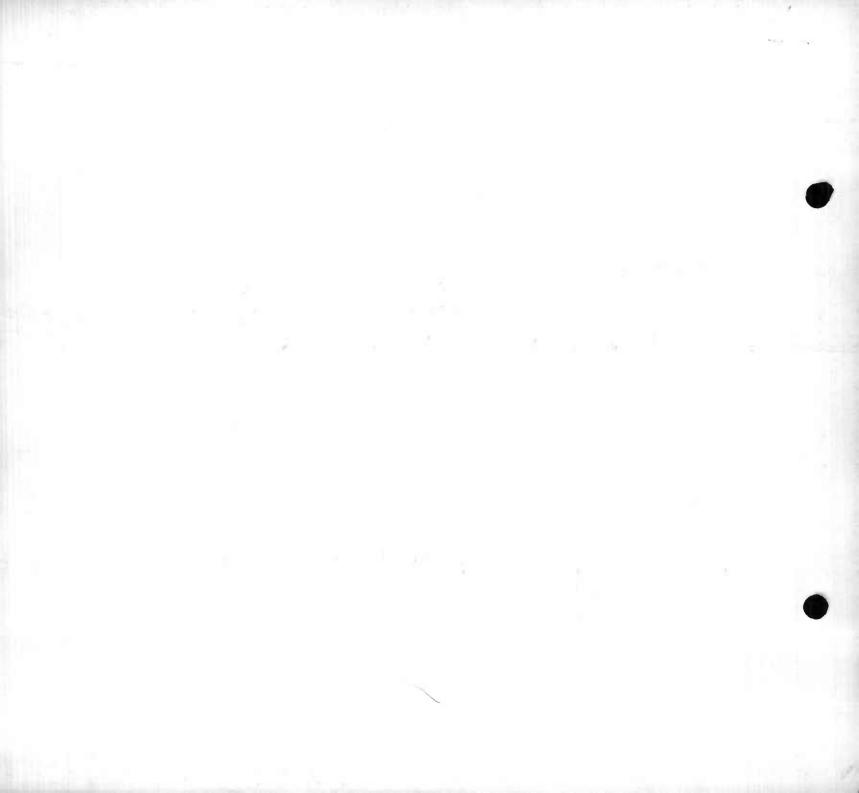
Pob. 17, 1969 Loudon Park Oma.

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69 1735 BALTIMORE CITY HEALTH DEPARTMENT

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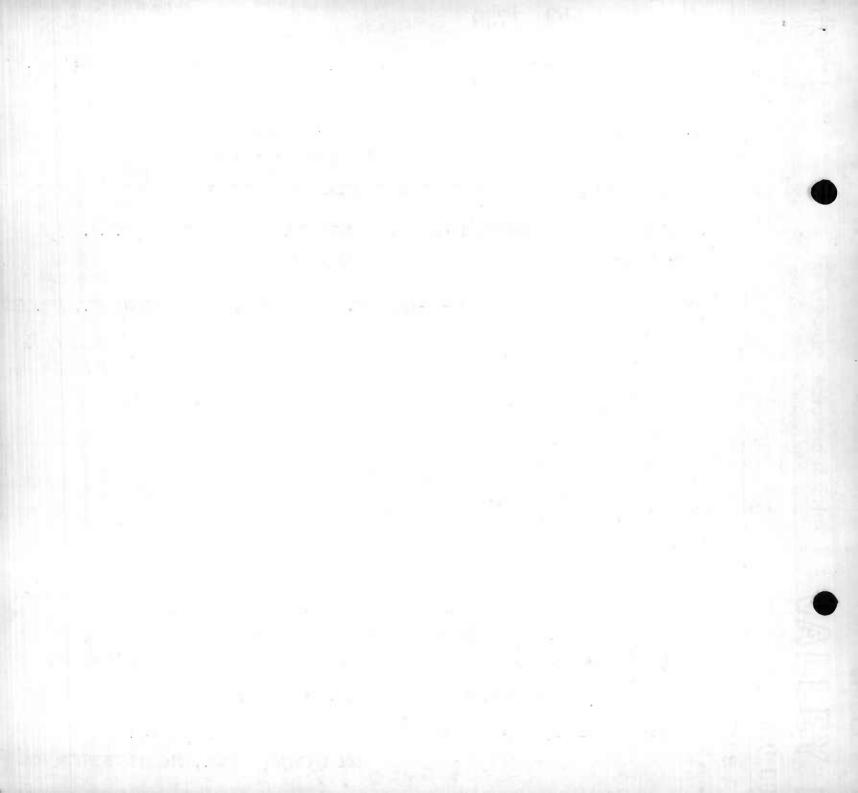
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| BIRTH NO. | | MED | DICAL I | EXA/ | MINER'S | CERTIFI | CATE | OF D | EATH | H REG. N | ٧٥ | 00 | 1.1 | (0) |
|--|---|-----------------------------|---------------------------|-----------------------|--|------------------------|----------------------|----------------|----------------|----------------|-----------|--------------|--------------|-------------|
| 1. NAME OF DEC | | TURRAY | JOE HOUSE | OSENE | SERG. | 2. DATE OF DEATH | Knawn K Estimoted | | lanth Febru | Day | 13. | Year 1969 | 3:30 | А м. |
| 4. PLACE IN BAL | TIMORE, MA | RYLAND, Y | VHERE PRO | NOUNC | ED DEAD | 3. DATE | | М | onth | Doy | | Year | Hour | |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NO | T IN HOSPITA | AL OR INSTITU | JIION, G | IVE STREET | PRONO | UNCED DEAD | | Febru | ary 1 | 13, | 1969 | 3:30 | A.M |
| OR INSTITUTION | | | | | | 5. USUAL I A. STATE | ESIDENCE (V | Where dec | | ed. Il institu | | esidence b | elore admi | ssion) |
| Jol | hn Hopk | ins Ho | | | | | Colora | do | | J. COOI41 | | 1- | -05 | |
| 6. SEX | 7. RACE | | B. MARRIED | NE. | VER MARRIED | C. CITY OF | NWOT | | | D. INSIDI | E CITY | LIMITS? | | |
| Male | Whi | | WIDOWED | | DIVORCED | | Aspen | | | | YES | | NO 🗆 | |
| 9. DATE OF BIRTI | | 10. AGE (li last birthda | | Under 1 anths Do | Yr. If Under 24 Hrs. 1ys , Haurs , Min. | E. STREET | AND NUMBE | R | | | | | | |
| 11. BIRTHPLACE (S | | n cauntry) | 12. | . CITIZE | | 13. FATHER | 'S NAME | | | | | | | |
| BALTIMO | RE. MAI | RYLAND | | U.S | COUNTRY? | TUL | IUS ROSE | NBFR | G | | | | | |
| 14A.USUAL OCCU | PATION (Give | kind af wark | 14B. KIND O | | | | | | | | - | | | |
| EMPLOY | | en nremed/ | RESTA | AURAN | IT | PE | ARL CROC |)K | | | | | | |
| 16. WAS DECEAS | ED EVER IN | U.S. ARMED | FORCES? | 17. 5 | OCIAL ECURITY NO. | IB. INFOR | | | | | ADD | RESS | | |
| NO | (ii yes, give w | or ar aoies | or service; | | -42-1520 | MR. TI | ULIUS RO | SENB | ERG. | 4536 | 011 | o cour | RT ROA | D |
| 19.204 | 91 | | | | CAUSE OF DEA | | | 20,011 | | 1000 | V 24. | API | PROXIMATE II | |
| DISEAS | E OR COND | ITION DIRE | CTLY | | | | 1 2 | | | | | | | |
| | LEADING TO | | | | (A)IMMEDIATE | CAUSE In | traveno | us na | arcot | ism | | | | |
| (This does n | ot meon the asthenia, etc. | made of dy | ring, e.g., e disease, | | | AS A CONSEC | QUENCE OF: | | | | | | | |
| injury or can | splication whic | h caused de | ath.) | | | | | | | | | | | |
| 1A | NTECEDENT | CAUSES | | | (B) | | | | | | | | | |
| DISEASES | OR CONDITION | DNS, IF ANY | Y, GIVING | | (B) DUE TO, OR | AS A CONSE | QUENCE OF: | | | | ********* | | | *********** |
| UNDERLYIN | G CONDITI | | IINO INE | | (c) | | | | | | | | | |
| <u> </u> | - | II | | | | | | | | | | _ | | |
| O THE DEA | IFICANT CON ATH BUT NOT CONDITION | IDITIONS CO | THE TERMINA | | | | ~~~~~ | | | | | | | |
| 20A. DATE OF | OPERATION | 20B. CO | NDITION FO | R WHIC | H OPERATION W | AS PERFOR | MED | | | | 12 | 21. AUTO | PSY? (Yes | or No) |
| 0 0 | | | | | | | | | | | | Ye | 2.5 | |
| | NAL CAUSE | | 221 | B. PLACE | OF INJURY (e.g. | , in or obout | 22C. WHERE | OID (If in | Boltimore | e City, give | exact | | | |
| UNDERLYING UTING CA | | | hai | me, tarm, | lactory, street, alli | ce bldg., etc.) | INJURY OCCU | JR? | | | | | | |
| ≥ 22D. TIME | | oy) (Yeo | r) (Hour) | 22E.1NJ | URY OCCURRED | | 22F. HOW DIE | NJUR' | Y OCCU | R? | | | | |
| (APPROX.) | | | m. | WHILE A | | T WHILE WORK | | | | | | | | |
| 23. | 117/1 | 12.00 | | | | | | | | | | | | |
| I cert | ify that I he | eld an I | nquiry | Insp | ection A | utapsy X | and that o | an this | basis, a | death in | my a | pinian | | |
| result | ed fram; N | atural cau | ses 🔻 | Accide | N Suici | de 🔲 H | amicide 🗌 | Und | determin | ed mann | er 🗌 | | | |
| | 7. | 1 | 0 1 | - |) | | CHIEF MEDIC | CAL EXAM | MINER | | | | DATE SIG | NED |
| SIGNATI | IRE V | un | 11. | 9 | - IN M | ASS | ISTANT MEDIC | CAL EXA | MINER | □x | | | DATE SIG | IAED |
| EXAMINI NAME (T | ER'S Ch | arles | S. Sp# | inga | te, M.D. | ASS | OCIATE MEDIC | CAL EXAM | MINER | □ Fe | bru | ary 1 | .3, 19 | 69 |
| 24A. BURIAL CRE/ REMOVAL (Specif | | 4B. DATE | | 24C. NA | ME of CEMETERY | ar CREMAT | ORY : | 24D. LOC | CATION | (City, | town, | or county) | (Sto | ote) |
| BURIAL | | 2-14-6 | 9 | FORE | BAND | | | ROS | EDALE | E, MAI | RYLA | AND | | |
| 25A. DATE REC'D | | | | | EGISTRAR | 25C. | FUNERAL DIR | RECTOR | | | ADI | ORESS | | |
| | EB 17 | 1969 | Robul | 52. | Farkeyna | SQ | LLEVINS | SON & STERS | TOWN | S. INC | C. B. | ALTO. | 2121 | 5 |
| VS 151-REV. 1/1/68 | | | 1 7 | 0 | 9 1) | 0 | 10 | 6- | | | | | | |

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V\$ 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



| C. NAME OF DECEASED C. NAME OF DEATH C. NAME | - 11 | K-656 69 1737 CERTIFICA | TE OF DEATH REG. NO. 6 | 9 1737 | | | | | |
|--|--------|--|--|---|--|--|--|--|--|
| R. STATE S. COUNTY S. COUNTY STREET S. COUNTY S. COUNTY S. STREET AND NUMBER | 1, | ype or Printy MONTIMER KRC174N | | 1/120 | | | | | |
| ROPITALO | 3 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution and STATE R. COUNTY | ian: residence before admission | | | | | |
| E. STRET AND NUMBER 2 2 7 5 HZ C MPC ROAD I. STRET AND NUMBER 2 2 7 5 HZ C MPC ROAD ANT OF HITH WIDOWED R DIVORCED FOR ADE 60 years Minking Minking Minking Minking and de working life, were it referred Minking and de working life, social to the Minking and de working life, were and of elected Minking and de working life, were and of elected Minking and the life | - II H | OSTITULE OF ADDRESS OF TOCATION | 17D. 2 | 7-30 | | | | | |
| S. R. S. R | | 425INAI HOSPITAL | E. STREET AND NUMBER | 7 | | | | | |
| MARGED NEVER MARKED SOLATO SOLATO | 5. | SEX 16 PACE 17 | | | | | | | |
| BALTIMORE, MARYLAND U.S.A. | | MALE WIDOWED NEVER MARRIED DIVORCED | 8/2 (9 4 last birthday) 7 1/ Mo | Under 1 Yr. Il Under 24 Hrs. nths: Days Haurs Min. | | | | | |
| 1-4. MOTHER'S MANNE 1-4. MOTHER'S MAIDEN NAME 1-4. M | de | ne during most of working life, even if retired) | | | | | | | |
| TSAAC H, KREMER 15. WAS Deceased Ever In U. S. Armod Faces? 15. WAS Deceased Ever In U. S. Armod Faces? 16. SCUAL 17. INFORMANT ADDRESS 18. SCUALIT NO. 213-38-8189 MRS. VIRGINIA LEVIN, 3227 SHELBURNE RD. 18. SECUALIT NO. 213-38-8189 MRS. VIRGINIA LEVIN, 3227 SHELBURNE RD. 18. APROXIMATE INTERVAL 18. EVERY SHELBURNE RD. 18. APROXIMATE INTERVAL 19. APROXIM | 13 | | BALTIMORE, MARYLAND | U.S.A. | | | | | |
| 15. West Deceased Ever In U. S. Armed Faces of Control (Test, and our horsewall filty est, and our horsewall filty est, give wer of doles of serviced of Control (Test, and our horsewall filty) and the Control (Test, and our horse our filty) and the Control (Test, and our horse our filty) and the Control (Test, and our horse) and the Control (Test, and our horse our filty) and the Control (Test, and our filty) and t | | | | | | | | | |
| NO 13 | 15. | Vos Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL | | | | | | | |
| CAUSE OF DEATH | II'm | | | | | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heeft leading to DEATH (This does not meen the mode of dying, e.g., heeft leading to DEATH (This does not meen the mode of dying, e.g., heeft leading to compilication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION LOST. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE REALISM CONDITION TO THE REALISM CONDITION LOST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE REALISM CONDITION LOST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE REALISM CONDITION LOST. OTHER SIGNIFICANT CONDITION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT CONTRIBUTION COURT CONTRIBUTION COURT CONTRIBUTION CONTRIBUTION COURT COURT CONTRIBUTION COURT COURT CONTRIBUTION COURT | - | | | | | | | | |
| (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., heat billure, cathenic, etc. It means the diseases, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) JUDICAL AS HD DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSE | | DISEASE OF CONDITION DIRECTLY | · A | BETWEEN ONSET AND DEATH | | | | | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itise to the above couse (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITION SOLVE THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 130 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 131 A ACTIOPNY WAS UNDERLYING TO THE DEATH OF OPERATION TO RECOVER THE PROPERTY OF OPERATION TO THE DEATH OF OPERATION TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION TO RECOVER THE DID THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION TO RECOVER THE DID THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION TO RECOVER THE DID THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION TO RECOVER THE DID THE DEATH (notify medical examined) 121 A ACCIDENT WAS UNDERLYING THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION TO RECOVER THE DID THE TERMINAL DISEASE OR CONTENDED TO THE | | (This does not meen the mode of dying, e.g., heart lailure, asthenia, etc., it means the disease. | (This does not mean the mode of dying, e.g., heart loiture, astherio, etc. it means the disease. | | | | | | |
| DISEASES OR CONDITIONS, if ony, giving ties to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A). | | ANTICOPPINE CAMERO | 16115 | 10 400 | | | | | |
| UNDERLYING CONDITION lost. Condition | | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS | A CONSEQUENCE OF: | 10 10 | | | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOR CONTRIBUTION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOR CONTRIBUTION 21B. PLACE OF INJURY OCCUR? 21D. TIME (Month) (Doyl (Yeor (Hour) 21E. INJURY OCCURRED NOW WHITE ALL Work 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Doyl (Yeor (Hour) 21E. INJURY OCCURRED NOW Work 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Doyl (Yeor (Hour) 21E. INJURY OCCURRED NOW Work 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Certify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJURY OCCUR? 22L. Locatify that (I) (this hospitel) ottended the deceased from 21F. HOW DID INJUR | | rise to the above couse (A) stoting the | reles mellitus | 6 ms | | | | | |
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| OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner) DEATH (n | 110 | DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | | | | |
| OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner) DEATH (n | RTIFI | WAS PERFORMED | | NGS CONSIDERED OF DEATH? | | | | | |
| While Al Work Nol While 22. I certify that (1) (this haspital) attended the deceased from 2 12 19 69 that (1) (we) last saw the deceased alive on 2 12 19 69 ond hour and from the courses stated above. (1) (We) (did) (dtd net) view the body ofter death. 23A. SIGNATURE Starlly M. Rosen Phys. 23B. Date signed 23C. PHYSICIAN'S NAME (Typel STANLEY M. ROSEN 23D. ADDRESS STANLEY M. ROSEN Phys. 24D. Location City, town, or county) 24A. BURIAL CREMATION, 24B. Date 24C. NAME of CEMETERY or CREMATORY 24D. Location (City, town, or county) BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Makeyland | 11 | OR CONTRIBUTING CAUSE OF | or obout 21C, WHERE DID (If In Baltimare City, ice bidg., INJURY OCCUR? | , give exact lacation) | | | | | |
| 22. I certify that (I) (this haspital) attended the deceased from 2 12 19 69 to 2 12 19 69 to 2 12 19 69 that (I) (we) last saw the deceased alive on 2 12 19 69 and that In (my) (east) apinion death occurred on the date and hour and from the causes stated abave. (I) (We) (did) (did net) view the body offer death. 23A. SIGNATURE Stankly M. Rosen 23B. Date signed Phys. Director Phys. 212/69 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 23D. ADDRESS STANLEY M. ROSEN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME el CEMETERY of CREMATORY BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Makeyland | MEDIC | OF INJURY (APPROY) While AI No! While | | | | | | | |
| that (1) (we) last saw the deceased alive on | | | 2/19: 10/9 10 2/12 | 10/9 | | | | | |
| ond hour and from the couses stated above. (1) (We) (dld) (did not) view the body ofter death. 23A. SIGNATURE Stanly M. Pon M. O OEGREE Phys. Med. Director Phys. 2/12/69 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 23D. ADDRESS 23D. ADDRESS W. NORthern P'Knyy 2/2/5 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Malyland | | | | death accurred on the date | | | | | |
| 23A. SIGNATURE Stanlly M. Rosen 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 23D. ADDRESS 23D. ADDRESS WORthern Filmy 21215 24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY of CREMATORY BURIAL 2-13-69 OHEB SHALOM 23B. DATE SIGNED 2/1 2/69 24D. LOCATION (City, town, or cdunty) (State) BALTIMORE, Malyland | | | | occoned on the dole | | | | | |
| 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY BURIAL 24D. LOCATION (City, town, or county) (Stote) BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Malyland | | 23A. SIGNATURE | 23 B ₄ | DATE SIGNED | | | | | |
| 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 23D. ADDRESS 4000 W. NORthern Pikning 21215 24A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify) BURIAL 2-13-69 OHEB SHALOM 23D. ADDRESS 4000 W. NORthern Pikning 21215 BALTIMORE, Malyland | | | ding Med. Stoff Phys. 2 | 2/12/69 | | | | | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Malyland | | NAME (Ivpel | 1 1 | MAL 91717 | | | | | |
| BURIAL 2-13-69 OHEB SHALOM BALTIMORE, Malyland | 24 | OEGREE DEGREE | | | | | | |
| OSA MARCHECID BY ARALLE | | REMOVAL (Specify) | | • | | | | | |
| | 25 | DATE RECID BY HEALTH DEPT. 258, NAME OF REGISTRAR | | | | | | | |



| M-41 69 1738 BALTIMORE CIT | TY HEALTH DEPARTMENT 59 17 |
|---|---|
| BIRTH NO. | ATE OF DEATH REG. NO. |
| T. NAME OF DECEASED ROSE MAINHOUSEY, ROSE MA | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION | C. CITY OR JOHN D. INSIDE CITY LIMITS? |
| Chatheren hospital of Mary land | E. STREET AND NUMBER 3682 FORREST HILL ROAD |
| S. SEX FEMALE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months Doys Hours |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT |
| HOUSEWIFE AT HOME | ALTOONA PA. U.S.A. |
| MAX MAYER | HENRETTA ? |
| 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL | 17. INFORMANT 3682 FOREST HI |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | Mr. David Millhouser, Jr., XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (B) | Drolethes As a consequence of: |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DIPA-DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED |
| 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | IN CERTIFYING CAUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., | in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR? |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY | 21F. HOW DID INJURY OCCUR? |
| (APPROX.) | 2/6 1969 10 2/13 11 |
| 22. I certify that (this haspital) attended the deceased fram | '/0 |
| 22. I certify that (9) (this haspital) attended the deceased fram | 19. 69 and that in(my) (our) apinian death accurred ar |
| work At Work 22. I certify that (f) (this haspital) attended the deceased fram that (I) (f) last saw the deceased alive an 1 1 40 and haur and fram the causes stated abave. (I) (did) (dimat) 23A. SIGNATURE | 19. 6.9 and that in(my) (our) aplnian death accurred ar view the bady after death. 238. DATE SIGNED |
| 22. I certify that (1) (this haspital) attended the deceased fram | 19.69 and that in (my) (our) apinian death accurred ar view the bady after death. tending Med. Director Phys. 23B. DATE SIGNED |
| 22. I certify that (f) (this haspital) attended the deceased fram | 19.69and that in (my) (our) apinian death accurred ar view the bady after death. 19.69and that in (my) (our) apinian death accurred ar view the bady after death. 23B. DATE SIGNED 25B. DATE SIGNED 25B. DATE SIGNED 25B. DATE SIGNED 25B. DATE SIGNED 25B. DATE SIGNED |

VS 150-REV. 1/1/6B

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IMPORTANT

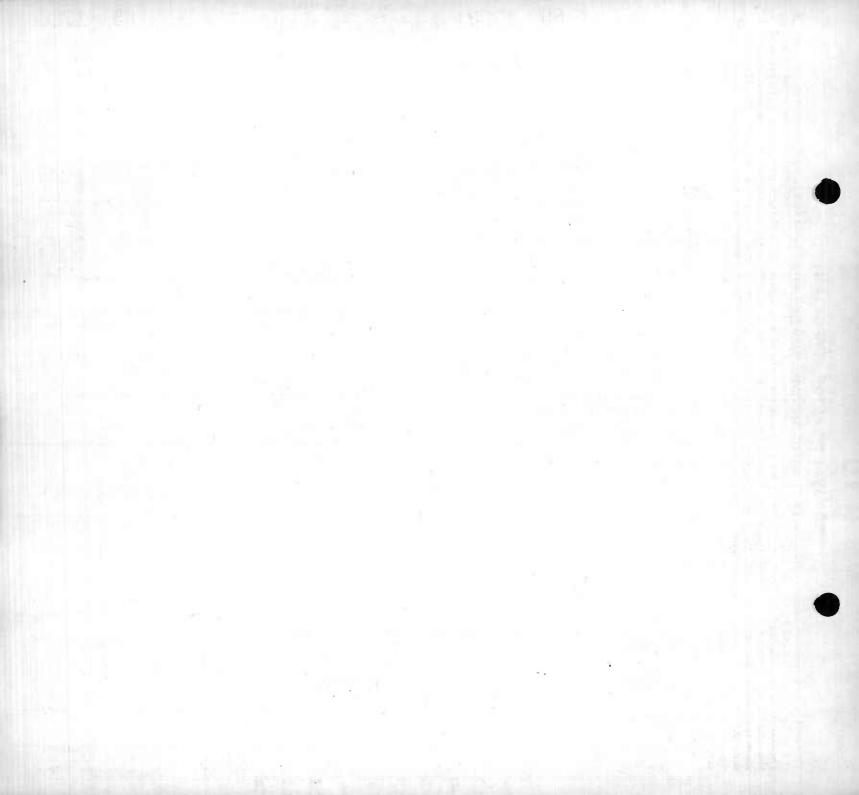
FUNERAL DIRECTOR:

4.5A

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

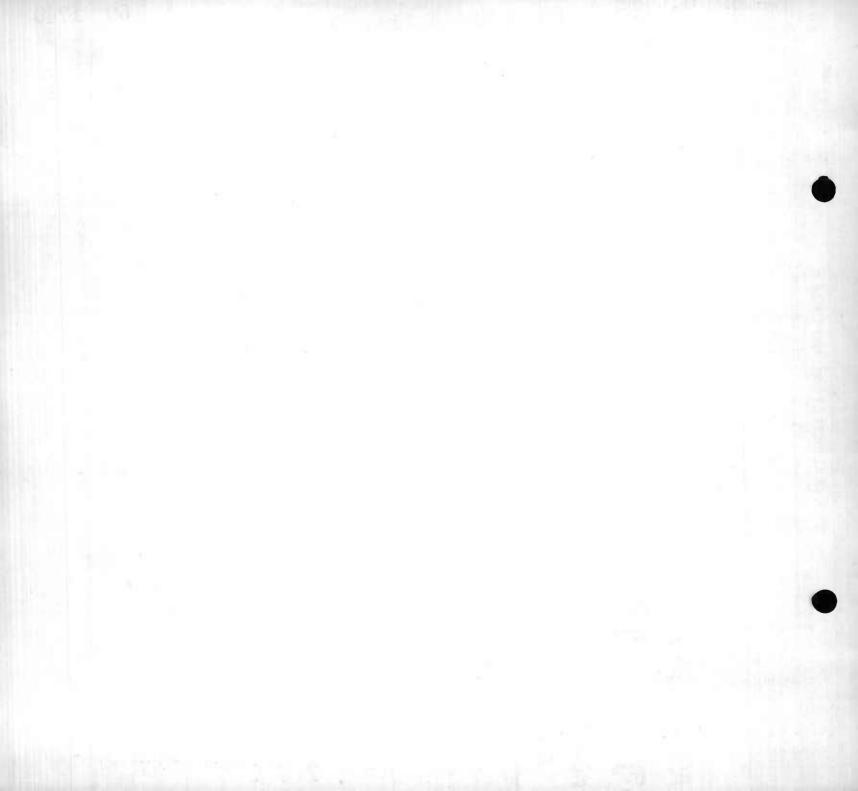
ADDRESS



shows: Was

VS 150-REV. 1/1/68

YES 1 NO If Under 1 Yr. Months: Doys if Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred on the date 23 B. DATE SIGNED

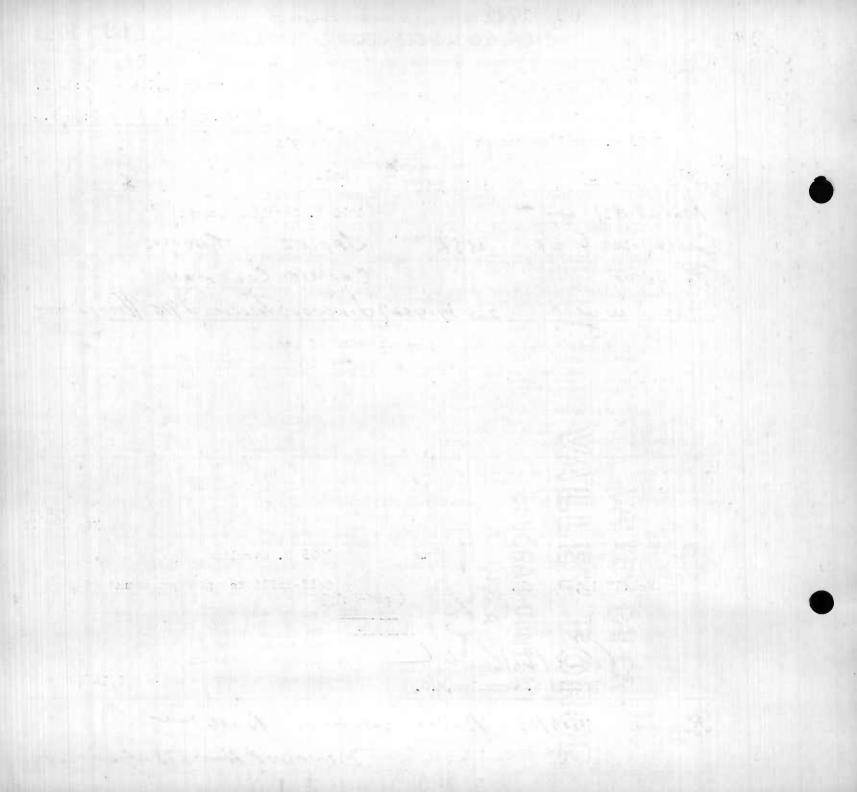


69 1741 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH. |
|---------|------------|-------------|-----------|
| | | | |

| MEDICAL EXAMINER'S | | 69 1741 |
|--|---|--------------------------|
| BIRTH NO. | KEG. NO. | |
| 1. NAME OF DECEASED (Type or Print) DAVID LEE THOMAS | 2. DATE Known Month Day OF Estimoted February 13,1969 | Year Haur 7:40 P.M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | | Year Haur |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD February 13,1969 | 7:40 P. M. |
| 1025 N. Caroline Street | S. USUAL RESIDENCE (Where deceased lived. If institution: resi A. STATE Maryland B. COUNTY | dence befare admission) |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED NO NEVER MARRIED | Raltimore | |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. | E. STREET AND NUMBER | ₩ NO L |
| May 23-1921 last birthday) 40 Months, Days, Hours, Min. | 1025 N. Caroline Street | 8-08 |
| 11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF | 13. FATHER'S NAME | |
| GREENVILLE CG UR WHATEOMNTRY? | JAMES THOMAS | |
| 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR' | CARRIE COLEMAN | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | 18. INFORMANT ADDRE | 22 |
| (Yes, na or unknown) (If yes, give wor ac dates of service) SECURITY NO. | dinwood Tuomas 2915 (1 | MAN APT |
| CAUSE OF DEA | | APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIRECTLY Gunshot | wound of head | DELIVEER CHOSE AND DEATH |
| LEADING TO DEATH | | |
| (This daes not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) | AS A CONSEQUENCE OF: | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | AS A CONSEQUENCE OF: | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W. | | |
| 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W | AS PERFORMED 21. | AUTOPSY? (Yes or No) |
| 0 2 | | ves (Only) |
| | in or about 22C. WHERE DID (If in Baltimare City, give exact lacte bldg., etc.) INJURY OCCUR? | |
| UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E NJURY OCCURRED | 1025 N. Caroline | |
| | 22F. HOW DID INJURY OCCUR? | |
| | WHILE Self-inflicted gunshot word ad-Only) | and of head |
| | ond that on this basis, death in my opin | nion |
| | | |
| resulted from: Notural couses Accident Suicio | CHIEF MEDICAL EXAMINER | |
| SIGNATURE & Carled M. Courth M.C. | ASSISTANT MEDICAL EXAMINED XX | DATE SIGNED |
| EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. | ASSOCIATE MEDICAL EXAMINER | 2/14/69 |
| 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify) | 1 10 11 | county) (State) |
| 1570000 | lationar Back ma | |
| 25A. DATE REC'D BY HEALTH DEPT 369 258. NAME OF REGISTRAR | 25c. FUNERAL DIRECTOR ADDR | |
| VS 151-REV. 1/1/68 | 0 1 7 1 0 | |

N8517690001710



GALTO. NATIONAL

2SB. NAME OF REGISTRAR

LIETY

25Q. FUNERAL DIRECTOR

DALTO,

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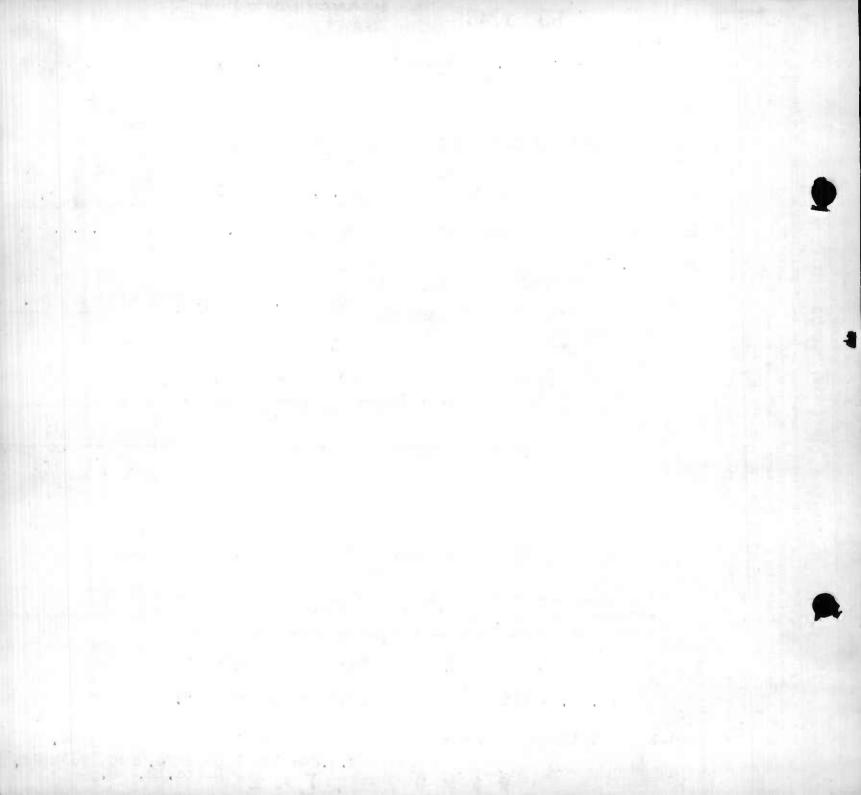
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BURIAL

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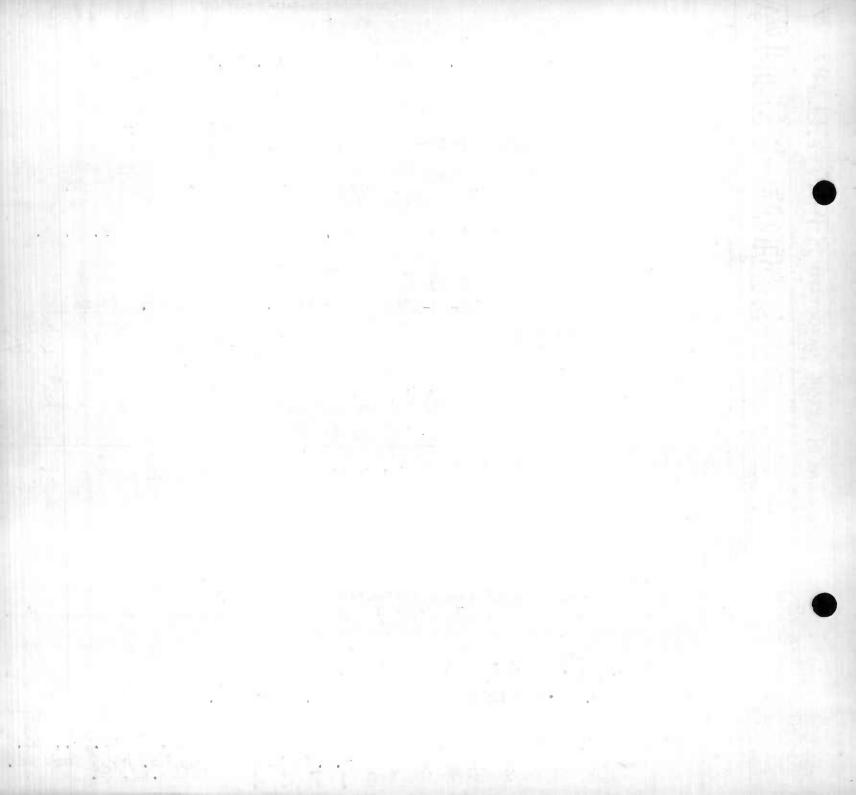
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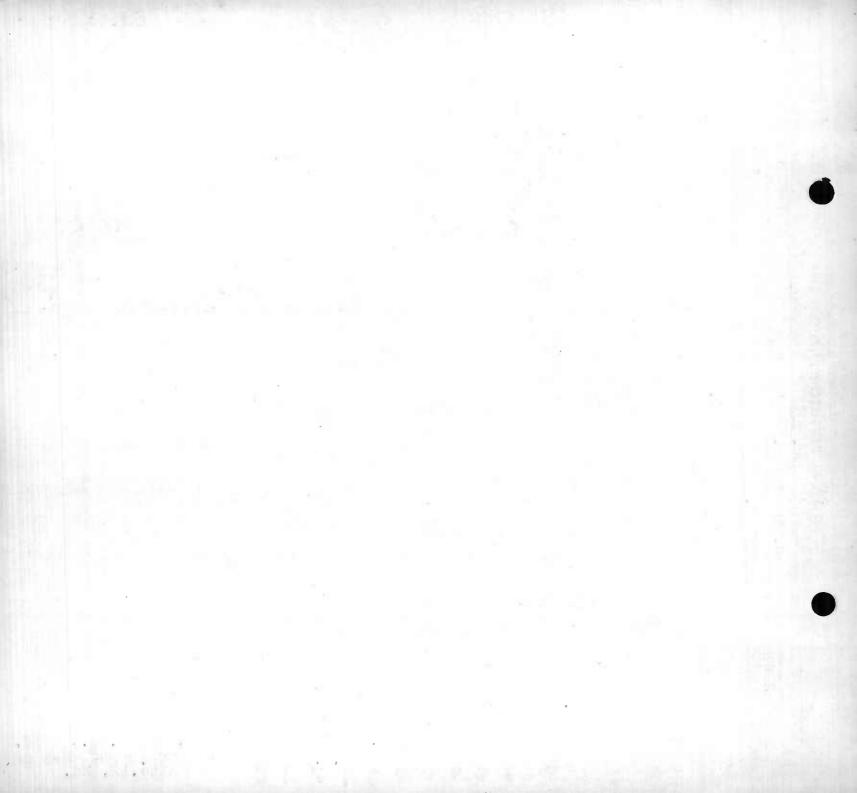


Letter from Dr. Peter P. Rodman, attending physician 7-16-69 M.H.

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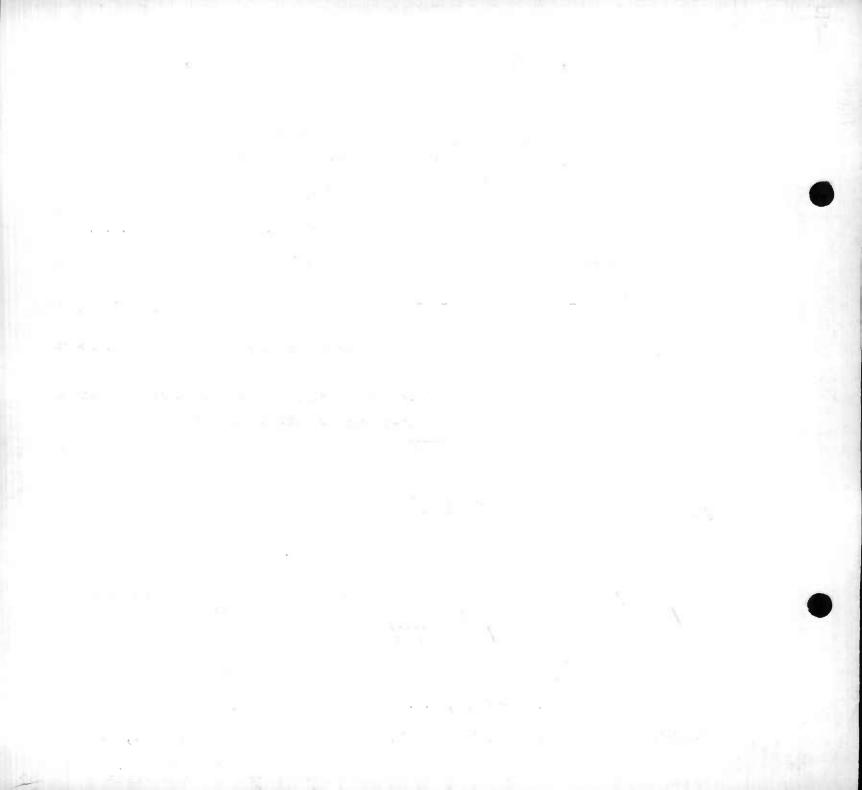
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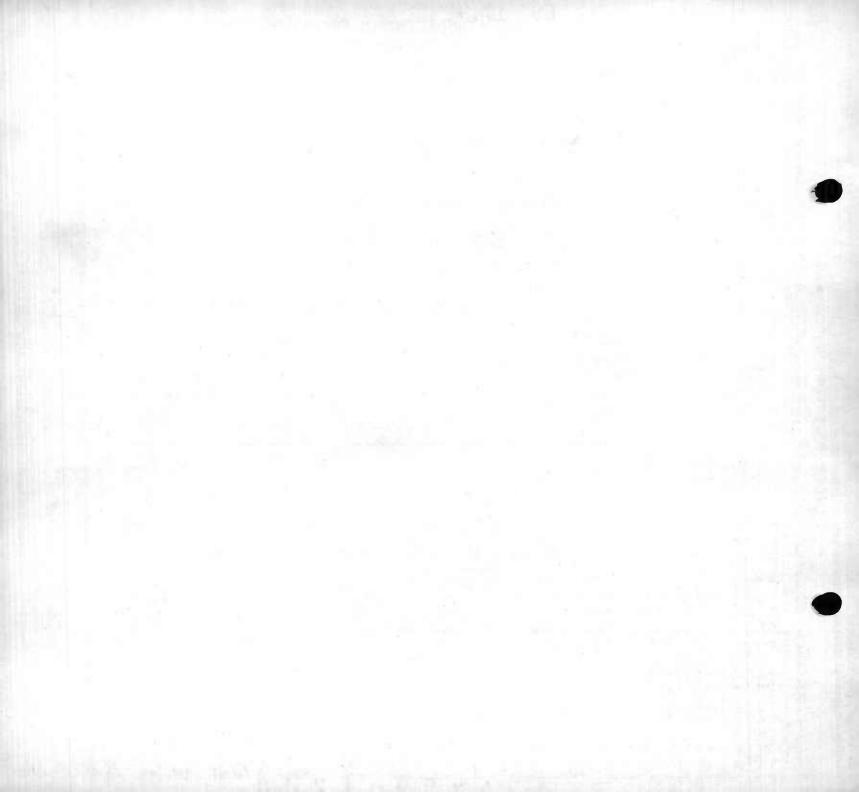


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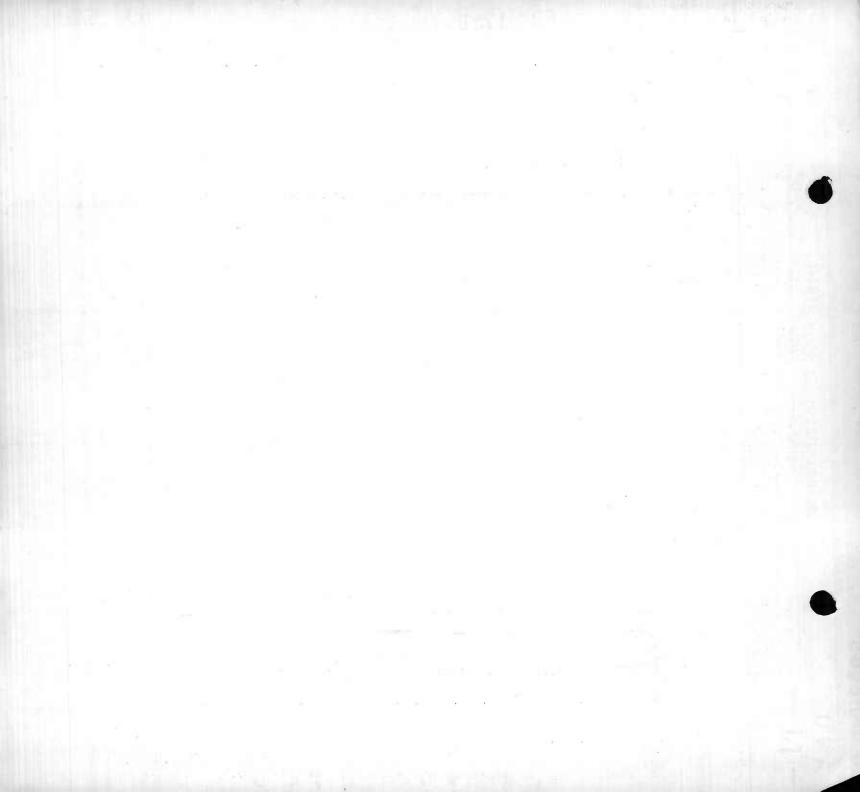




| DIDTH A | | 69 | 1.7.10 | HEALTH DEPARTMENT | REG, NO | 69 1750 |
|--|--|--|---|---|---|--|
| I. NAME | OF DECEASED | 1) | Λ. | | ND HOUR OF DEATH | |
| | | KINDER | DAVIS | F | BRUARY /2 | 19691 4:00 P.M |
| 3. PLAC | E IN BALTIMO | RE, MARYLAND, WHERE P | RONOUNCED DEAD | 4. USUAL RESIDENCE (Wh | ere deceased lived. If in | stitution: residence before admission) |
| FULL NA | AME OF | IF NOT IN HOSPITAL OR | NSTITUTION, GIVE STREET | MARYLAND | | 22-01 |
| HOSPITA | AL OR | ADDRESS OR LOCATION) | | C. CITY OR TOWN | D. INS | IDE CITY LIMITS? |
| | 31 | | | BALT IMORE | 17 | YES NO |
| BAL | TIMORE | CITY Nespi | TAL | E. STREET AND NUMBER | - 4 | |
| 49 | 40 EASTE | | | 813 3 | - HANOUE | R S7 21230 |
| 5. SEX | 6. RA | CE 7. MAI | RIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (in years last birthday) | If Under 1 Yr. , If Under 24 Hrs. |
| FEMI | - 1 | | WED DIVORCED | 12-2-81 | 0/ | Manths Days Hours Min. |
| IOA, USU. | AL OCCUPATION | ON (Give kind of work 108, KII g life, even if retired) | ID OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or los | eign cauntryl | 12. CITIZEN OF WHAT COUNTRY |
| 1 . | DUSE WILL | | | Sauru C. | 8-1 11 | 170000 50000 |
| 13. FATH | ER'S NAME | - 12 4 DOMESTIC | | 14. MOTHER'S MAIDEN NA | ROLINA | UNITED STATES |
| | | A-5 I I | 01.11 | 1.1 | | |
| 15 Was 6 | | in U. S. Armed Forces? | TLENN | MAR | RY MILLER | |
| (Yes, no or | unknown) (If yo | es, give war at dotes af set | vice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| N | 0 | | | BCH RECORDS: | 4940 EASTER | N AVE. 21224 |
| 18. | 48-5 | XI | CAUSE OF DEAT | Н | | APPROXIMATE INTERVAL |
| | | CONDITION DIRECTLY | | | | BETWEEN ONSET AND DEATH |
| | | ING TO DEATH | (A)IMMEDIATE CAL | ISE GRAM NRG | BACTERIAL SI | EPIKEMA 1-2 WES |
| (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. 11 meons the disease, | | | | | | |
| injur | y or complicati | ian which caused death.) | | | | |
| | ANTEC | CEDENT CAUSES | (0) | DRINARY PA | CT INFRC | TION MONTH |
| DISE | ASES OR CO | ONDITIONS, if ony, | iving DUE TO, OR AS | A CONSEQUENCE OF: | *************************************** | |
| UND | IG THE OBO | ove cause (A) stoling | (C) | BRONCHO PNE | UMON , A | / menth |
| | | 11 | (0/ | | | |
| OTHE | R SIGNIFICANT | CONDITIONS CONTRIBUT | ING . | | 1 | - 11 |
| A DISEA | HE DEATH BUT | NOT RELATED TO THE TERMI | NAL | BRE BRO VASCU | LAR ACCIDE | NI YPARS |
| OTHE OTHER OF THE OTHER OF THE OTHER | DATE OF OPER | | FOR WHICH OPERATION | 20A. AUTOPSY? (Yes of N | a) 208. IP YES, WERE I | FINDINGS CONSIDERED USES OF DEATH? |
| ED | | | | Y25 | IN CERTIFYING CAN | USES OF DEATH? |
| _ OR C | ACCIDENT WAS ONTRIBUTING H (notify medic | AS UNDERLYING CAUSE OF cal examined | 21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of | n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? | (If In Boltimor | e City, give exact lacotion) |
| 21D.1 | IME IMen | Ih) (Day) (Year) (Houd | 21 E INJURY OCCURRED | 21F. HOW DID IN. | JURY OCCUR? | |
| E (APPR | NJURY ROXJ | | While AI Na! While | | | |
| Wark L At Wark L | | | | | | |
| | | | | | 19 <u>8</u> ta F | DKUMRY / L 19 ET |
| | | 1 | | | | nion deoth occurred on the date |
| | | the couses stated obo | ve. (4) (We) (did) (did not) v | lew the bady ofter deoth. | | |
| 23A. S | IGNATURE | | - \ | N I I I I I I I I I I I I I I I I I I I | | 23B DATE SIGNED |
| | 10 | m 2 formal | DEGREE Phys | nding Med. | Shaff Phys. | 2/12/69 |
| 23C. | HYSICIAN'S NAME (Type) | | DEGREE | | ORE CITY HOS | |
| | J. | OHN E. YOUNT, | M.D. | | ASTERN AVE. | 21224 |
| 24A. BURI | IAL CREMATIO | N. 248 DATE 12 | C. NAME of CEMETERY of CRE | | | y, town, or county) (State) |
| REM | OVAL (Specify) | 2-17-69 | n . (n | 06 | (| 2 1 |
| | real | The second secon | Carull Fllen | 4766 | ellimare, | Maryland |
| 25A. DAT | E KECD BY HE | ALTH DEPT 69 258 NA | ME OF REGISTRAR | 25C. FUNERAL DIRECTO | 1. | ADDRESS |
| | EV. 1/1/68 | | 5 9 11 7 | Charles Ao. | Kees latel | Us parle St. |
| | | | | | | |



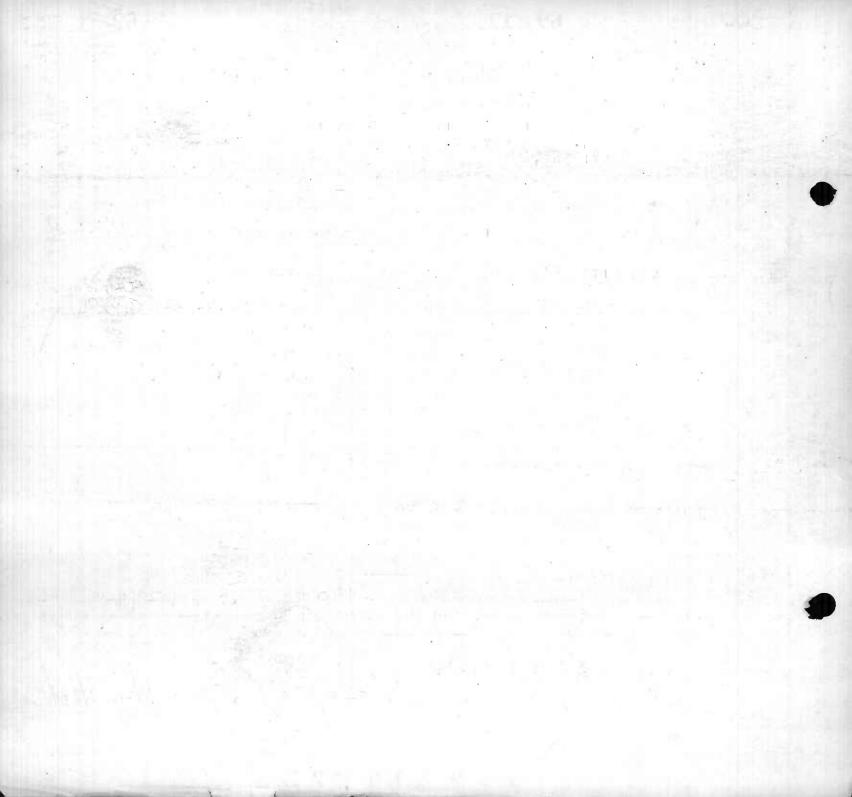
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69 1752 BALTIMORE CITY HEALTH DEPARTMENT

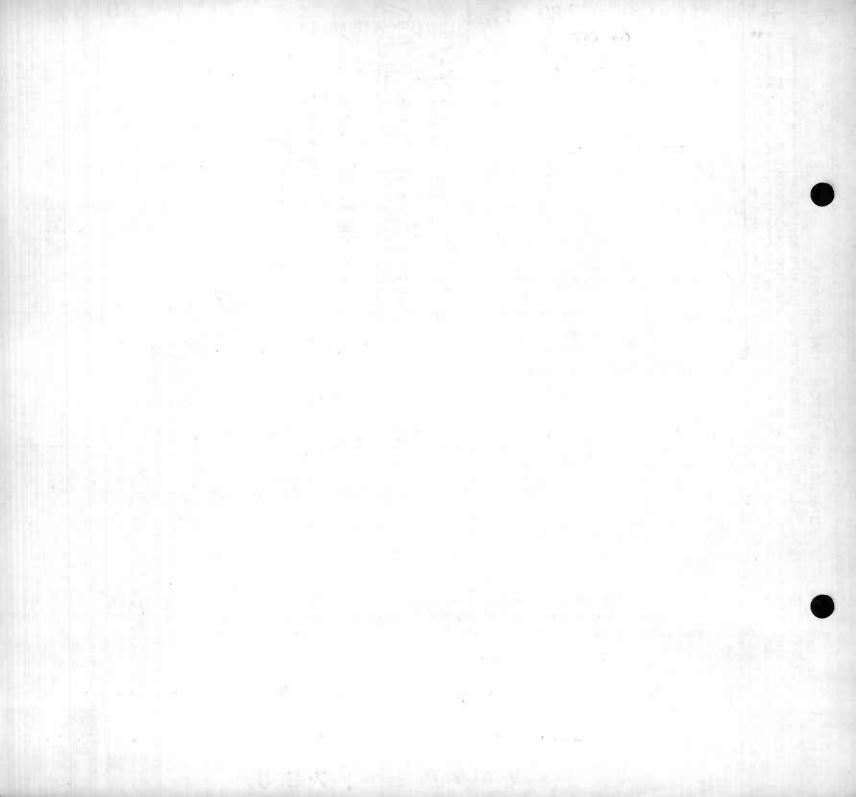
| BIR | TH NO. | | MED | ICAL | EX | AMINER'S | CERTIFI | CATE OF | DEAT | TH REG. NO. | 69 | 1752 |
|---------------|---|---|---|--|----------|---|----------------|--|-------------|---|----------------|--------------------|
| 1. 1 | NAME OF DEC | EASED | | | | | 2. DATE | Known 🔽 | Month | Doy | Yeor | Hour |
| (Typ | e or Print) | , | DADDAD | 1171 | | | OF | Estimated | 2 | 10 | 69 | 1:55 am. |
| 4 1 | PLACE IN BALT | | BARBARA ARYLAND W | | | INCED DEAD | 3. DATE | | Month | Day | Year | Hour |
| FUL HOS | L NAME OF SPITAL INSTITUTION | (IF NO | | AL OR INST | | N, GIVE STREET | PRONO | UNCED DEAD | Februa | ry 10. | 1969 | 1:55a M. |
| OK | INSTITUTION | | | | | | A. STATE | RESIDENCE (When | e dece osed | lived. If institution B. COUNTY | n: residence b | efore odmission) |
| | | St. | Agnes | Hosp | ital | D.O.A. | A. JIAIL | Maryland | my | Kri crush. | 416 | 05-00 |
| 6. 5 | SEX | 7. RACE | The state of | | | NEVER MARRIED | C. CITY OF | RTOWN | | D. INSIDE C | ITY LIMITS? | |
| | n 1 . | 0- | 1 | WIDOW | | DIVORCED | Bri | nklow | | 1 | FC C | NO 🗆 |
| 9. [| Female | | lored | | | er 1 Yr. If Under 24 Hrs. | | AND NUMBER | | 1 | ES 📙 | NO L |
| | 18 MARC | | lost birthdo | | | Doys Hours Min. | E. STREET | | | | | |
| 11. | BIRTHPLACE (S | | gn country) | | | TIZEN OF | 13. FATHER | 'S NAME | | | | |
| | MADV | LAND | | | WI | HAT COUNTRY? | | VERNON | HILL | | | |
| 14A | | | e kind of work | 14B. KIND | OF BL | JSINESS OR INDUSTR | Y 15. MOTHI | | | | | |
| | during most of w | orking life, ev | | | | | | | | E 4.1 mm | | |
| | DOMES | | 11.6. 4.0.4.00 | | MOM | | 10 11/500 | MANHAUDE | NEUG | | | |
| | , no or unknown) | | | | | 7. SOCIAL SECURITY NO. | IS. INFOR | MANI | | A | DDRESS | |
| | NO | | | | | | MRS | MAUDE_HI | II B | RINKLOW. | MD | |
| | 19. | 151 | | | | CAUSE OF DEA | | | | | AP | PROXIMATE INTERVAL |
| TION | (This does not heart failure, injury or com AN DISEASES C RISE TO THE UNDERLYIN | osthenio, etc pplicotion whi NTECEDENT DR CONDITI ABOVE CA IG CONDIT | mode of dy . It means the ch caused dec CAUSES ONS, IF AN' USE (A) STA' ION LAST. | disease, oth.) /, GIVING TING THE | | (B) | AS A CONSEC | OUENCE OF: | | | | |
| CERTIFICATION | TO THE DEA | CONDITION | NDITIONS CO | THE TERM | INAL | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 3 | 20 A. DATE OF | OPERATION | N 20B. COI | NOITION | FOR W | HICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | PSY? (Yes or No) |
| - 48 | 2/ | | | | | | | | | | Par | ctial |
| MEDICAL | UNDERLYING UTING CA | USE OF DEA | ITRIB- | | hom e, (| ACE OF INJURY (e.g., form, factory, street, office Street | e bldg., etc.) | 22C. WHERE DID INJURY OCCUR? 1 mi. N. 22F. HOW DID IN | of La | urel, U | | 66-00 |
| | (APPROX.) | 2 1 | 10 69 | 1:00 | la we | ORK NOT | WHILE XX | Passen | ger in | auto-a | uto coi | llision |
| | | | eld on I | | | Inspection P Au | | ond that on | | , deoth in my | | |
| | result | ed from: h | otoral cau | ses 17 | Aco | cident XX Suicio | ie 🔲 H | | | | | |
| | ACTUAL | IDE \$ | VII | 1 5 | -17 | V.C. M.E | ASS | CHIEF MEDICAL | | (meter | | DATE SIGNED |
| | SIGNATU | 4 | | | | | | OCIATE MEDICAL | EXAMINER | | | |
| | NAME (T | | Edwar | d F. | Wil | son, M.D. | ,,,,, | | | | 2/10/69 |) |
| | BURIAL CREA | MATION, | 24B. DATE | | | NAME of CEMETERY | or CREMAT | ORY 24D | LOCATIO | | n, or county | |
| RE | MOVAL (Specif | | | | - | | | | | | | |
| _ | BURIA | AF | 2-13-6 | 9 | | SHARP STREET | | S | ANDY S | PRING, | MONTG. | MD- |
| 25/ | A. DATE REC'D | BY HEALTH | 1959 | 25B. N | 6 1 | of REGISTRAR | | ROBERT L. | IOR | | CKVILLE | |
| | | | | - | | | | | | | | |

The state of the s THE REPORT OF THE PROPERTY OF

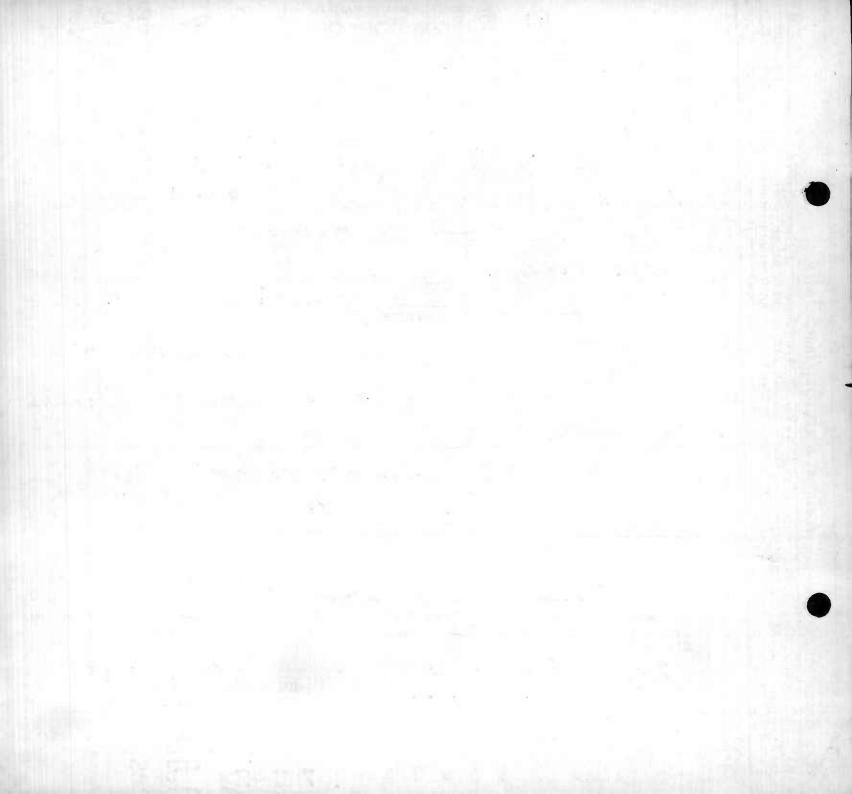


| 53-49-22 d)s | F51 69 1754 BALTIMORE C | ITY HEALTH DEPARTMENT 69 1754 4 |
|---|--|--|
| BE005 | BIRTH NO. 69-01567 CERTIFIC | ATE OF DEATH, REG. NO. |
| death death eased on the Such | 1. NAME OF DECEASED (Type or Print) FONV/LLE Baky Boy | 2. DATE AND HOUR OF DEATH |
| hospital ise of d (5) Dece ance on death. | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY |
| se se se ded | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION | MARYLAND 7-04 |
| a h caus se; (se; to d | HOSPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| ng c caus atter | BALTIMORE CITY HOSPITALS | BALTIMORE YES NO |
| d din | 4940 EASTERN AVENUE | 819 NORTH DURHAM ST. 21205 |
| ibu d lar | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED | |
| occurr ntribu rmine egula ased s mad | MALE NEGRO WIDOWED DIVORCED | 1 1-25-69 |
| determing on is | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most of working life, even if retired) | |
| ded Unc as e d | 13. FATHER'S NAME | MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME |
| t the | MANLY FONVILLE | HATTIE TYSON |
| N trib h | 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL | 17. INFORMANT 21 227 |
| assistan if the diny kind; ed death dance or final d | (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. | BCH: RECORDS 4940 EASTERN AVE. BALTO. MD. |
| S t t t t d d d d d d d d d d d d d d d | 18. — / 9 CAUSE OF DE | ATH APPROXIMATE INTERVAL |
| MPC r his of ar of ar of ar | DISEASE OR CONDITION DIRECTLY | De la Between Onset and Death |
| or hals | LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE (DIE TO OR | :AUSE KUGMPANY and US |
| | hearl failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) | AS A CONSEQUENCE OF: |
| OR on inerine ract | ANTECEDENT CAUSES | 190 VIA TURN TO |
| CT CT CT | DISEASES OR CONDITIONS, if any, giving DUE TO, O | AS A CONSEQUENCE OF |
| IRE ex ex (3) in in | rise to the abave cause (A) stating the UNDERLYING CONDITION last. (c). | wal by 17 Habitual Scotton |
| dicalical rrns; sicion was | Z CANCO CONTRICANT CONTRICANT CONTRIBUTING | |
| me med but but hy | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| chief mes y a mes Body bu the ph hysician | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| Ch y Book | 19A. DATE OF OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING | g., in or obout 21.9. WHERE DID (If in Boltimore City, give exect location) |
| F the talkers (2) he respectively. | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e home, form, factory, stree etc.) | office bldg., INJURY OCCUR? |
| d b sp tur tur (6) | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (ABROAV) White At Not 1 | 21F. HOW DID INJURY OCCUR? |
| ho ho ho d'(épt | (APPROX.) White At Work At W | |
| the the an an obt | 22. I certify that (1) (this haspital) attended the deceated fram. | 12 109 19 to 12 1 69 19 |
| ap to of al (h); | that (1) (we) last saw the deceased alive an | 19 and that In(my) (aur) opinion death accurred an the dot |
| be bed at | ond haur and fram the causes stated above. (1) (We) (did) (did no | |
| must eleas ccider hosp to de | 23A. SIGNATURE SULAS CULAS DEGREE | Attending Med. Staff 1-27-69 |
| 0 - 0 - 5 | 23C. PHYSICIAN'S NAME (Type) F UT LACOUEZ | BUSTURE AVEIDALTO MILITARIA |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) | |
| cert body ws: (D.C ease | CREMATED 2-5-69 BALTIMORE CITY | HOSPITALS 4940 EASTERN AVE. BALTO. MD.2122 |
| his ce he book hows: ras D. eceas | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |

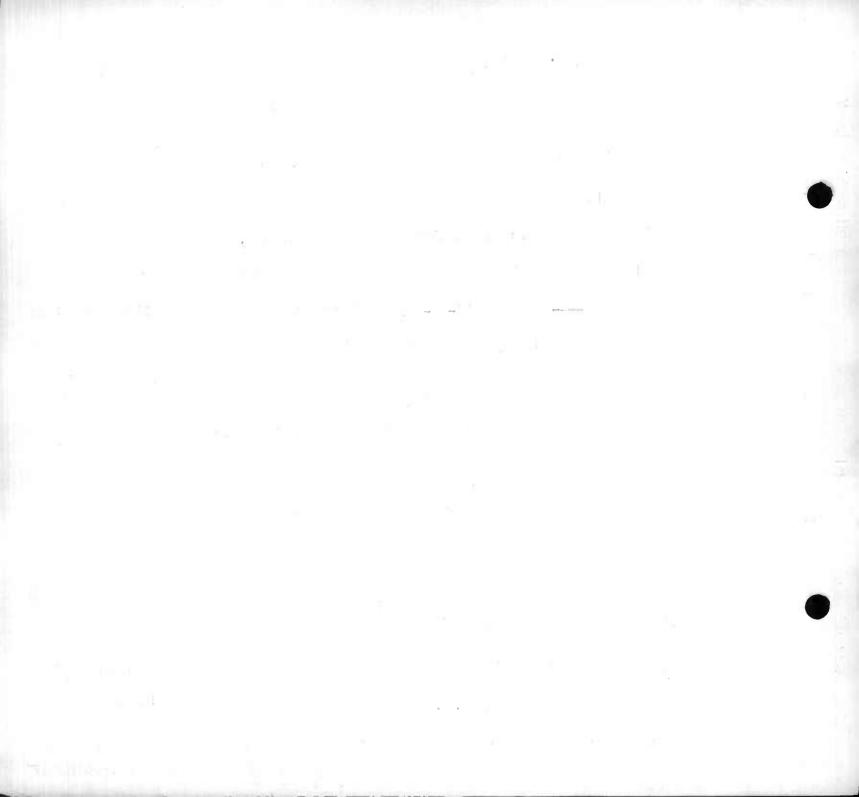
VS 150-REV. 1/1/6B



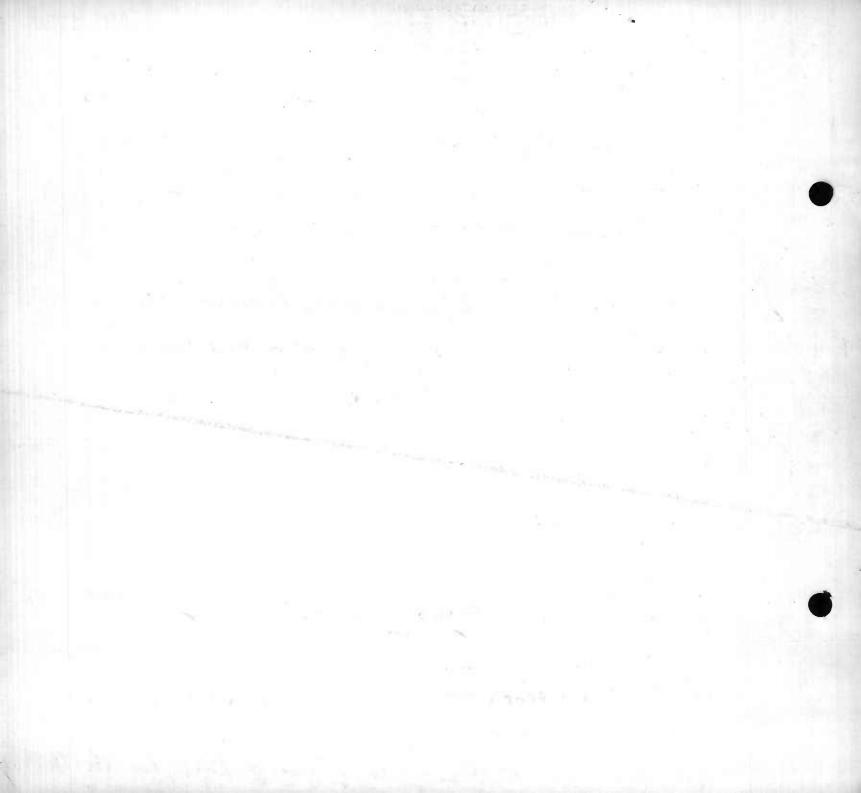
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| MALE WHITE WIDOWED DIVORCED 10.25.23 45 IOA. USUAL OCCUPATION (Give kind of work 10.8. KIND OF BUSINESS OR INDUSTRY) Chauffeur Potts & Callahan Baltimore Md U.S. 13. FATHER'S NAME PATRICK MC CORMICK IS. Wes Decessed Ever in U. S. Armed Forces? (res, no or unknown) (if yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT LEADING TO DEATH (This does not mean the mode of wing, each heard loilue, asibnia, etc. II means the disease injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITION (ast.) OTHER SIGNIFICANT CONDITION TO SECURITY NO. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINALS OF THE DEATH BUT NOTRELATED TO THE TERMINALS OF THE | 6 |
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| Comparison Com | |
| S. PLACE IN BALTIMORE, MARTLAND, WHERE FRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 S. SEK G. RACE MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? YESY NO BALT I MORE, MD 21205 S. SEK G. RACE MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? YESY NO BALT I MORE S. DATE OF BIRTH P. AGE (in years lost bindey) Months: Doys Houd of working life, even if refired) Chauffour DIVORCED DIVORCED TO AUSUAL OCCUPATION (Give bind of work lost, kind of Business or INDUSTRY 11). BIRTHPLACE (Side or foreign country) CHAUTEUR POTTS THE JOHNS HOPK INS HOSPITAL BALT I MORE POTTS THE JOHNS HOPK INS HOSPITAL BALT I MORE TO A GE (in years life lived) Months: Doys Houd done divising most of working life, even if refired) CHAUTEUR POTTS THE JOHNS HOPK INS HOSPITAL BALT I MORE S. DATE OF BIRTH P. AGE (in years life lived) Months: Doys II Under 1 Yr. II Under 1 Y | |
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| THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 S. SEK O. RACE | ote odmissio |
| THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 SEX O. RACE MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED OA. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY) Chauffeur Potts & Callahan Baltimore, Md 14. MOTHER'S MANDE PATRICK MC CORMICK S. Wes Deceased Ever in U. S. Ammed Forces? In Monther's Malden Name MARY Elizabeth Rohelder In Monther's Malden Name MAR | |
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| Chauffour Potts & Callahan Baltimore, Md US 14. MOTHER'S MAIDEN NAME PATRICK MC CORMICK S. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war at doles of service) No. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of tying, e.t.) LEADING TO DEATH (This does not mean the mode of tying, e.t.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving anset la the above cause IA) stating the UNDERLYING CONDITION last. | |
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| PATRICK MC CORMICK 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (if yes, give war at doles of service) 16. SOCIAL SECURITY NO. 25-16-1854. Lorraine McCormick 723 N Milton Ave CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc., it means the disease injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any giving rise to the above cause IA) stating the UNDERLYING CONDITION last. | A. |
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| WAS PERFORMED WINCE OF DEATH? | D |
| VES IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY (e.g., in or about 21C, where DID. | |
| 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bidg., INJURT OCCUR? | n) |
| O 210 years (A. d.) (B. d.) | |
| 21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR? | |
| Work At Work | |
| 22. I certify the (1) (this hospital) attended the deceased from February 196 7 to February | 10 65 |
| that (1) (we) lost saw the deceased alive on Fell 19 ond that in (my) four) opinion death occurred | an the last |
| and hour and from the causes stated above (1) (We) (did) (did not) view the body ofter death. | on the dot |
| 23A. SIGNATURE 23B. DATE SIGNED | |
| Attending Med. Shiff Co. | 10 |
| 23C. PHYSICIAN'S DEGREE Phys. Director Physical Physical Physical Director Physical | 67 |
| PAUL REDSTONE, M.D. THE JOHNS HOPKINS HOSPITAL | |
| AA. RIDIAL CREMATION DAY | |
| REMOVAL (Specily) | (Stote) |
| Burial Feb 18 69 Holy Redeemer Cemetery 4430 Belair Rd Balto | Md |
| | |
| S 150-REV. 1/1/68 17 1969 P. O.S. F. JONES THE ONPRE C BROS INC 1800 E LOTY GAR | 200 |

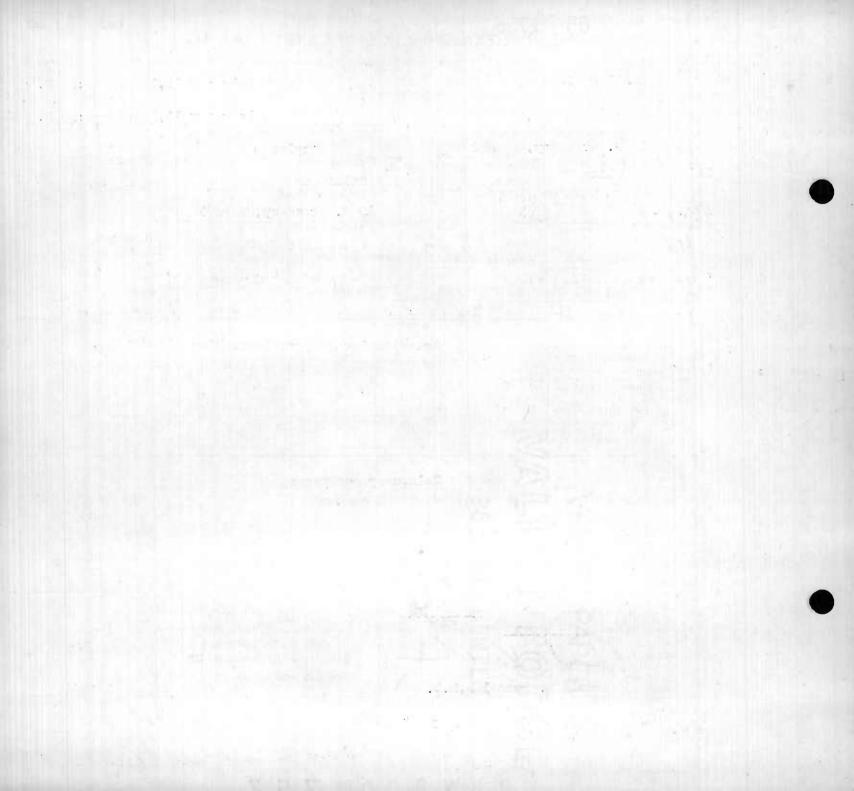


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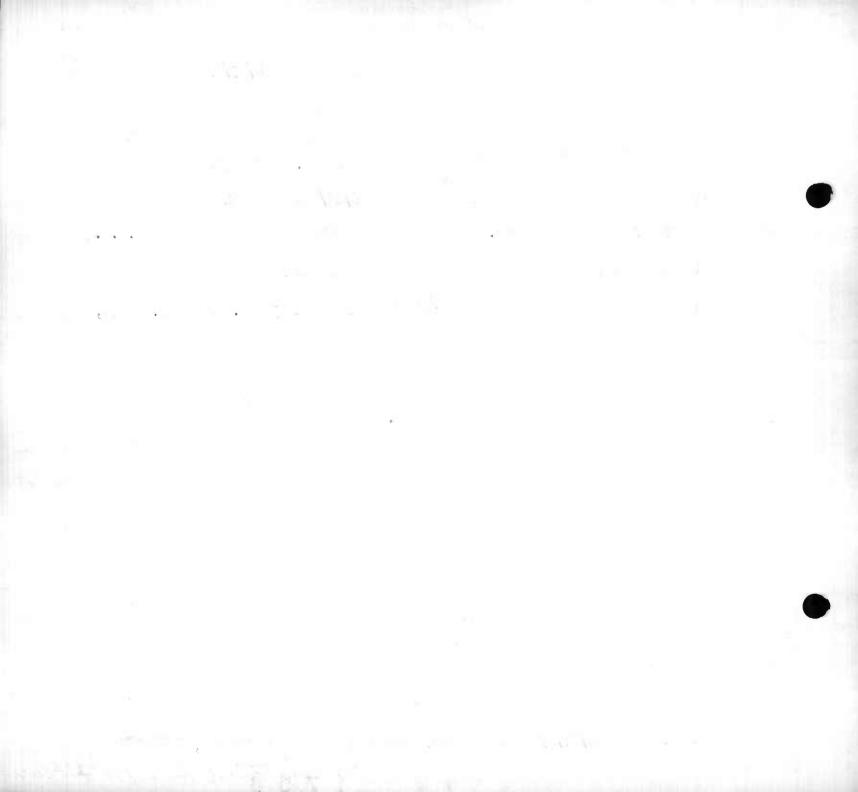


69 1758 69 1758 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

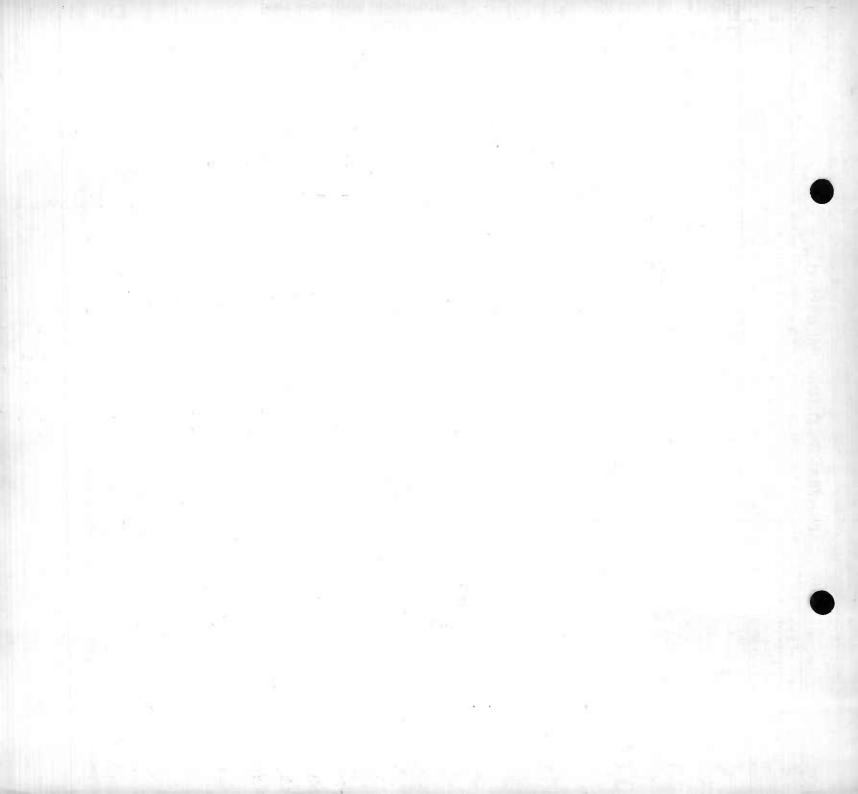
| BIRTH NO. | REG. NO. |
|---|---|
| 1. NAME OF DECEASED | 2. DATE Known Month Doy Year Hour |
| (Type or Print) CHARLES STAUB | DEATH Estimoted February 13,1969 9:50 P. M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | February 13, 1969 9:50 P. M. 5. USUAL RESIDENCE (Where deceosed lived. if Institution: residence before odmission) |
| 00 10 S. Broadway, Room 3 | A. STATE Maryland B. COUNTY 3-0/ |
| Male 7. RACE White 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO |
| | E. STREET AND NUMBER |
| 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 63 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min. | 10 S. Broadway, Room 3 |
| 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME Charles W. |
| 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND. OF BUSINESS OR INDUSTRY | |
| done during most of working life, even if retired) V25 TEEN CLECTRIC | Cora McCleary |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng.or unknown)((If yes, give wor or dates of service) 17. SOCIAL SECURITY NO. | 18. INFORMANT ADDRESS 2011 Brandy |
| Yes WW II 212-03-0500 | Miss Gertrude Staub wine Sta |
| 19 4 1 2 1 1 CAUSE OF DEAT | FH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | sclerotic cardiovascular disease |
| LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO OR A | AUSE IS A CONSEQUENCE OF: |
| heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.) | S A CONSEQUENCE OF: |
| | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR | AS A CONSEQUENCE OF: |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| Z (C) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL Pulmonar | ry emphysema |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED 21. AUTOPSY? (Yes or No) |
| O | no |
| UNDERLYING TOR CONTRIB. home, form, foctory, street, office | in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) M. WHILE AT NOT WORK AT W | WHILE ORK |
| 23. | |
| I certify that I held on Inquiry Inspection XX Au | |
| resulted from: Notural couses XX Accident Suicid | |
| ACTUAL ////////// | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER |
| SIGNATURE MAN M.D | |
| EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. | ASSOCIATE MEDICAL EXAMINER 2/14/69 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | -1 - 11 - 1 |
| REMOVAL (Specify) 2/19/69 Barto. Na. | |
| | 1'L Balto H |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| Carial | |



VS 150-REV. 1/1/68



| 44-47-29 | NG | Was 69 1760 BALTIMORE CITY HEALTH DEPARTMENT 69 1760 |
|---|----------------------------------|--|
| | 198 | CERTIFICATE OF DEATH REG. NO. 1700 |
| and eath | uch | DIKITI IVO. |
| as as | Su. | (Type or Print) Westcott, House P. A. P. M. |
| of Deep | E | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| S 6 (S | deat | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland 3-01 |
| 6 0 6 | 2 | INSTITUTION D. INSIDE CITY LIMITS? |
| i a a | 1 | Baltimore City hospitals Baltimore YES NO E. STREET AND NUMBER |
| ₽.5 0 | prio | Baltimore, Maryland #21224 1931 East Pratt St. |
| - ibu | 9 9 | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min. |
| n occurre contribut | ased s ma | Male White WIDOWED DIVORCED 8-30-1940 28 |
| th color | n i.e | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| D - D | e dec | BUREAU OF HIGHWAYS CITY OF BALTO. Virginia USA |
| if d | the | 13. FATHER'S NAME |
| - i i i i | 5 6 - | Harold Anna Mae 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS |
| ran Stant he di | - 0 | [Off] He at any |
| ¥ sis trik | nce | A/O BCH Records: 4940 Bastern Ave. BCH Records: Baltimore, Maryland #21224 |
| O 8 = 23 | orf | 18. 3 2 3 4 1 CAUSE OF DEATH SETWEEN ONSET AND DEATH |
| IMPORTANT or his assistant also, if the dir | 9 | DISEASE OR CONDITION DIRECTLY |
| A P | a tt | (This does not meon the made of dying, e.g., DUFTO OR AS A CONSEQUENCE OF |
| # P - 1 | bal | heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) |
| O in in | 3 E | ANTECEDENT CAUSES |
| A Tu | 9 | DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF: |
| DIRECTOR: ical examiner al examiner. | 0 | rise to the above cause (A) stating the |
| Did | ins in | UNDERLYING CONDITION lost. (c) The was to the agree of the control of the condition lost. |
| T 0 E . | nysician in was ii remains | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (a). |
| Y T T X | ian e re | |
| UNERAL chief med by a medi | ysic ysic e th | 198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 198. CONDITION FOR WHICH OPERATION 198. COND |
| FU pe p | o ph efor | OR CONTRIBUTING TO CALLER OF |
| 0 | 2 - 2 | DEATH (notify medical examiner) |
| ed by t hospital | 6 d | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While |
| ved by hospit | d (6) | (APPROX.) While At Work At Work |
| he he | bte | 22. I certify that (1) (this hospital) attended the deceased/fram 2/3, 1967 to 2/3 |
| app to | | that (1) (we) last saw the deceased alive an 2/13 19 69 and that in (my) (aur) opinion death accurred an the date |
| 0 7 0 | t b () | and have and from the causes stated above (1) (We) did (did nat) view the body after death. |
| ust b eased | deat | 23A. SIGNATURE |
| must eleas ccide | | Kenneth & Horates M. Attending Med. Stoff Director Phys. |
| | 07 0 | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals: |
| ificate was I | d prior to | Kenneth E. Fligsten M.D. GEGREE 4940 Eastern Ave Baltimore, Maryland #21224 |
| £ 4~ (| | 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| 9 0 0 0 | e a c | 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS AND |
| This the shov | dece | EER 19 1000 A O LO L. O L. O L. O L. O D. O L. O D. O L. O D. O D |
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| | | |



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

were elementary tractions of the control

| | This certificate must be approved by the chief medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. |
|-----------------------------|---|
| | th occurre contribut determined in regular eceased p |
| ANT | e direct or ind; (4) Unc eath was e on the d |
| IMPORT | or his assis Also, if th re of any ki nounced d attendanc |
| FUNERAL DIRECTOR: IMPORTANT | examiner. (3) A fractun who proin regular. |
| NERAL DI | hief medical a medical ody burns; he physicia sician was |
| E. | bd by the clospital by ature; (2) B pt where the (6) No phy ned before |
| | be approved to the hart of any ne pital (exceptate); and ist be obtain |
| | ficate must was releas An accide A. at a host prior to de |
| | This certif the body shows: (1) was D.O./ deceased written a |

| C-609 | 69 1762 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. No. 69 1762 | |
|--|--|----------|
| an ase th th | I, NAME OF DECEASED | - 4 |
| | CROWE Evelyn 3/14/18 4 46 | ** |
| M O | A. STATE B. COUNTY | is sion) |
| 2 . 1 | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | |
| E 3.4. | BALT MERE YES NO | |
| red in uting ed cau ar att | South Both more gen. Hospital 1111 William ST. | |
| h occurred in contributing stermined can regular afficeased prior is made. | SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years list birthday) Months Doys Hours A | 4 Hrs. |
| Second strain of the configuration of the configura | OA/USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT CO | UNTRY? |
| o or | nD U.S. | |
| # 9 € ≯ † d | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
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| POR is ass any lead or fi | DISEASE OF CONDITION DISEASE OF DEATH APPROXIMATE INTER | |
| or his or Also, if a solution of an inconnection of | LEADING TO DEATH | DEATH |
| | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) | HI GO GO |
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| ₩ 8×0 2 = 5 | DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the | <u>r</u> |
| DIRI ical e al e) s; (3) cian as in | UNDERLYING CONDITION last (c) ASCUD | |
| Wysical district | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| NER/ hief m a me ody b he ph sician | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION 1204 AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED. | |
| 2 0 × m + > 0 | WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? | |
| FUI ved by the c hospital by nature; (2) B ept where t d (6) No phy | OR CONTRIBUTING CAUSE OF home, form, fociary, street affice bidg. INJURY OCCUR? | |
| wed by the hospital nature; (sept where do (6) No ained beta | 21D.TIME (Manth) (Doy) (Yearl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While AI T Not While T 2 | |
| - S S Y X E to | 22. I carelfy that (1) (this bounded) associated as the second of the se | 10 |
| f an the the control of the control | that (I) (we) lest saw the deceased alive an | 4-1- |
| ust be ap eased to dent of a death); | and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. | date |
| 3 6.2 2 | 23A. SIGNATURE Attending Med. Shoff S | 2 |
| icate mu was rele An acci L'ata h prior to | 23C. PHYSICIAN'S NAME (Type) Phys. Aftending Med. Director Phys. 23D. ADDRESS | |
| This certificate m the body was reli shows: (1) An acci was D.O.A. at a deceased prior to | SANT YOON KHIM Jouth Ralbmare Terral Heads | 1 |
| certification of the control of the | REMOVAL (Specify) 248. DATE 24C. NAME al CEMETERY of CREMATORY 24D. LOCATION (City, tawn, ar county) (Start | le) |
| This certify the body shows: (1) was D.O.A deceased | Burial 2/18/69 Cedar Hill Cemetery Ritchie Hgwy AA Co Md A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR ADDRESS | |
| ***** | 150-REV. 1/1/68 Mc Cully F 14. 13 E Fort are / | 30 |
| | | |



Carrier arnot 20 Mitable MI ASCUO

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1 182 2 CORDONNO 4440 ENSISH IN

IMPORTANT

DIRECTOR:

FUNERAL



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/6B

1909

258. NAME OF REGISTRAR

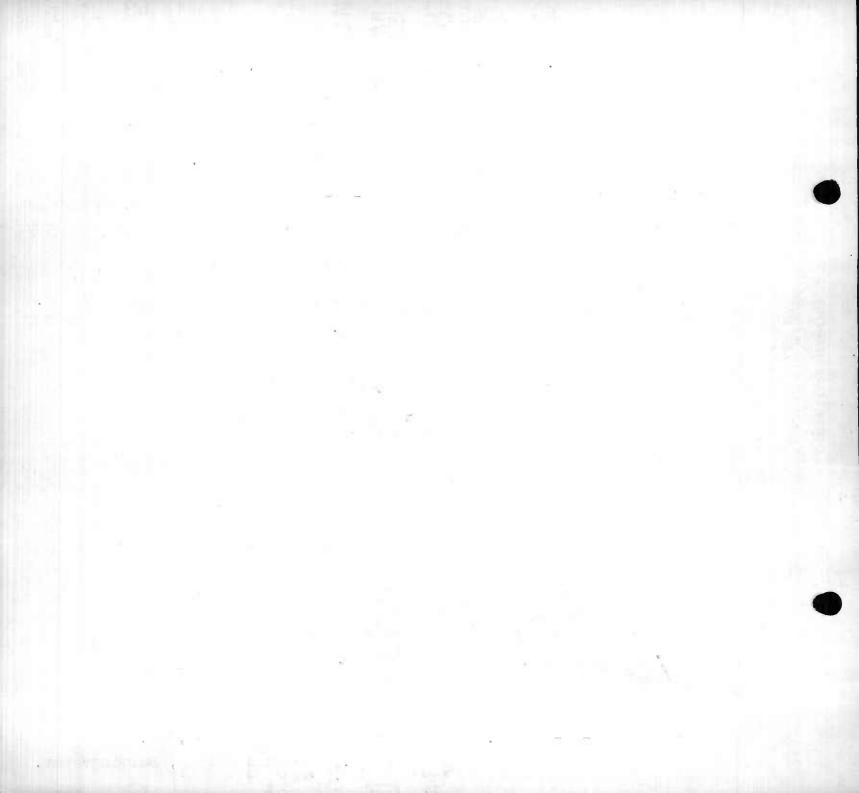
of death,

| | 6 | 9 17 | 65 BALTIMORE CITY | HEALTH DEPARTME | NT | 69 1765 |
|-------------------------------------|--|------------------------|--|---|----------------------------|--|
| | O | 0 11 | CERTIFICA | TE OF DEAT | TH REG. NO | 7100 |
| BIRTH NO. | ASED | | | | ATE AND HOUR OF DEAT | u |
| (Type or Print) | | 80000 | no41. | | | |
| 2 DI ACCIDI DALT | Marion J. | | | | Feb. 13 1969 | institution: residence before admission |
| 3. PLACE IN BALI | IMORE MARILAND, V | WHERE PRONO | UNCED DEAD | | COUNTY | 1 - villation residence before diministration |
| FULL NAME OF | (IF NOT IN HOSPIT | TAL OR INSTIT | UTION, GIVE STREET | Maryland | 1 | 26-31 |
| HOSPITAL OR | ADDRESS OR LOC | ATION) | | C. CITY OR TOWN | | ISIDE CITY LIMITS? |
| 444 | | | | Baltimon | re | YES 🗶 NO |
| 1 | | | | E. STREET AND NUM | BER | |
| Union M | emorial Ho | spital | | 5711 Sex | ymour Ave. | |
| SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min. |
| Male | White | WIDOWED | = = | 9-24-1931 | lost birthdoy) | Totalins Doy's Hours Min. |
| | | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) | 12, CITIZEN OF WHAT COUNTE |
| one during most of w | vorking life, even if retired) | | | | | |
| Pipefit | | | | Maryland | | and the state of t |
| 3. FATHER'S NAM | A E | | | 14. MOTHER'S MAIDE | NAME | |
| John Szc | zenanik | | | Virginia | Mencki | |
| S. Was Deceased | Ever in U. S. Armed Fo | rces? | 16. SOCIAL | 17. INFORMANT | | ADDRESS |
| | (If yes, give wor or dat | es of service) | SECURITY NO. | G) | and the second land of the | 111C |
| Korea | | | CAUSE OF DEAT | | zczepanik 57 | 11Seymour Ave. |
| DISEASES O | R CONDITIONS, if obove couse (A) CONDITION lost. | ony, giving | (B) DUE TO, OR AS | A CONSEQUENCE OF: | Dailen. | |
| TO THE DEATH | CANT CONDITIONS CO | THE TERMINAL RT 1 (A). | AVUICU OREATION | 20A AUTORCY2 (V. | a Nal 200 IF yes upp | - FINDING CONCINED |
| E 19A. DATE OF | OPERATION 198. CON | REPORMED | WHICH OPERATION | 20A. AUTOPSY? (Yes | IN CERTIFYING C | E FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIBU | TING CAUSE OF | 21 E hon etc. | RPLACE OF INJURY (e.g., ine, form, foctory, street, of | n of obout 21C, WHERE fice bldg., INJURY OCC | DID (If in Soltim | ore City, give exoct location) |
| 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Year) | | INJURY OCCURRED sile At Not While At Work | | ID INJURY OCCUR? | |
| 22. I certify | that (1) (this hospita | l) ottended t | he deceosed from | | 19to | 19 |
| | lost sow the deceos | | | 19 | ond that in (my) (our) o | pinion deoth occurred on the do |
| | | | I) (We) (did) (did not) v | | | |
| 23A, SIGNATU | | low 1 | ٨ | nding Med. | Staff | 23B, DATE SIGNED |
| 23C.PHTSICIAL NAME (Ty | | | | 23D. ADDRESS | | |
| | AATION, 248. DATE | 24C. N | AME of CEMETERY or CRI | MATORY | 24D. LOCATION | City, town, or county) (State) |
| REMOVAL (S | 2-17-6 | o st | Stantelaue | Camatany | Raltimone | ма |

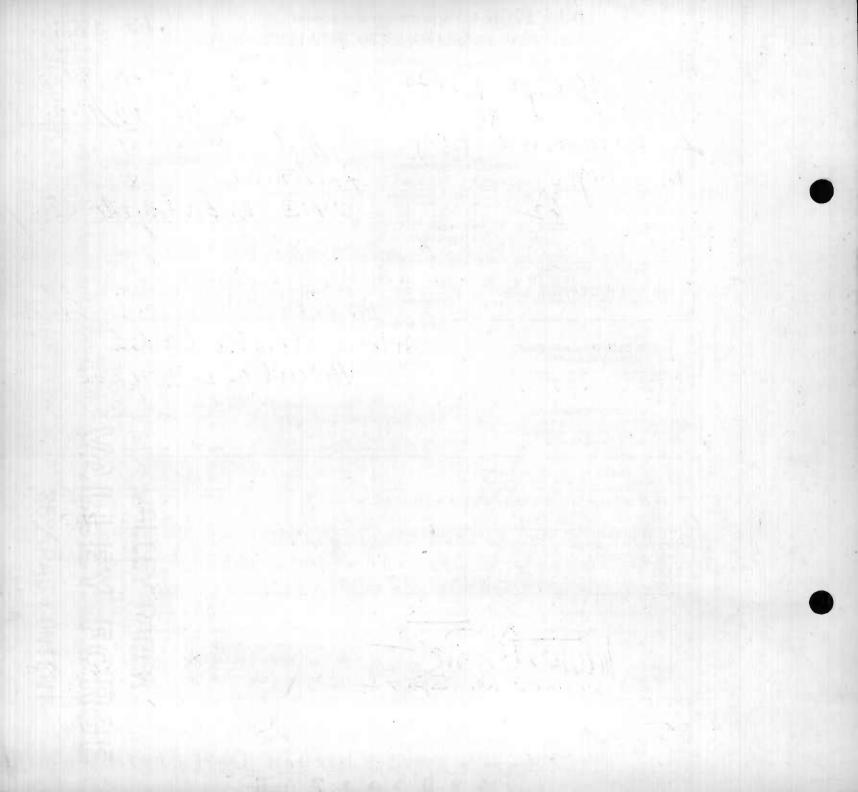
B. Dabrowski

ADDRESS

2818 E, Baltimore St.



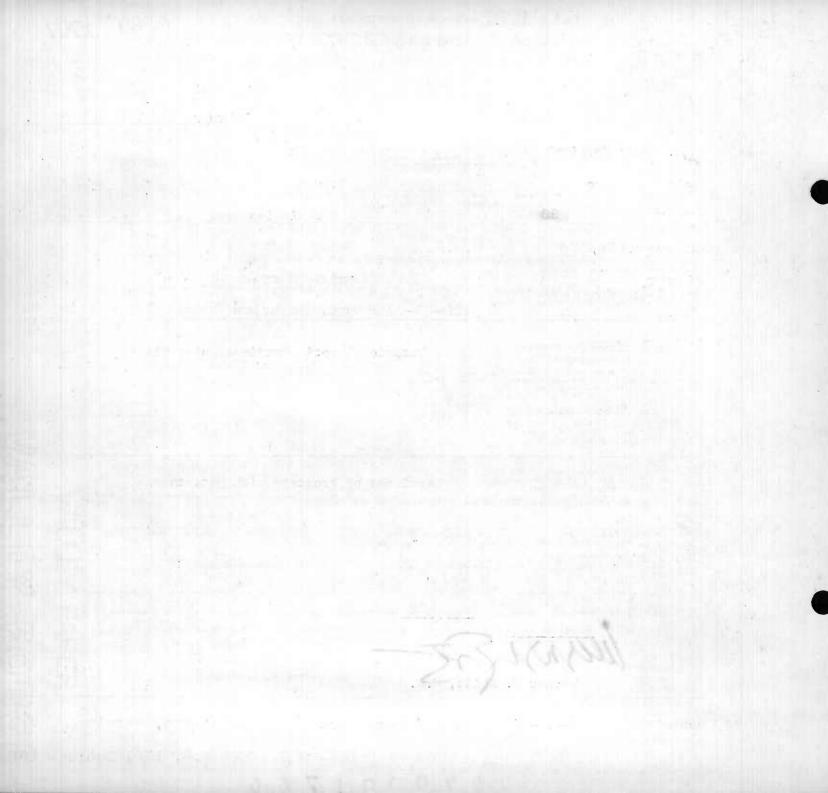
| 1 | MEDICAL EXAMINER' | S CERTIFICATE OF DEATH REG. NO. |
|---------------|--|---|
| BII | RTH NO. | REG. INC. |
| 1. (Ty | NAME OF DECEASED George W. Ross | 2. DATE Knawn Manth Day Gear Hours P Anth Day Day Hours D Manth Day D Manth Day D Manth Day D Manth D |
| | PLACE IN BALTIMORE NARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Year Hour |
| HO | LL NAME OF (IN OT IN HOSPITATOR INSTITUTION, GIVE STREET DOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admy/sion) |
| L | 4 CUTHER AN HOSE | A. STATE Md B. COUNTY 16-05 |
| 6. | 7. RACE 8. MARRIED NEVER MARRIED | |
| 0 | DATE OF BIRTH 10. AGE, (In years If Under 1 Yr. If Under 2 | YES A NO L |
| 4 | DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Months, Doys, Haurs, 1 Months, Months | |
| 11. | BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| 2 | alvert Co, Maryland WHAT COUNTRY? | John +. Gross |
| don | A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR IND eduring most of working life, even if retired) | 7 / |
| | | Anoth Home W. Gross |
| 16. (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO | |
| | NO. | Mrs. Sadie M. Gross 2413 W. Latagett |
| | 19. 4 / CAUSE OF | BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | rteriosclerolie Cardia |
| | (A)IMMED | OR AS A CONSQUESCENCE DIFEASE |
| | | |
| z | RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | OR AS A CONSEQUENCE OF: |
| 9 | 11 | |
| CERTIFICATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| R | 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATIO | N WAS PERFORMED 21. AUTOPSY? (Yes or No) |
| Ö | 0 | NO |
| ¥ | 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY | e.g., in ar obout 22C. WHERE DID (If in Boltimare City, give exact location) |
| 8 | UTING CAUSE OF DEATH. | affice bldg., etc.) INJURY OCCUR? |
| Σ | OF INTURY | |
| | (APPROX.) WHILE AT WORK | NOT WHILE AT WORK |
| | 23. I certify that I held on Inquiry Inspection 🔀 | Autopsy ond that on this basis, death in my opinion |
| | | vicide Homicide Undetermined monner |
| | 7()1- | CHIEF MEDICAL EXAMINER |
| | ACTUAL MILLION TO THE | ASSISTANT MEDICAL EXAMINER |
| | SIGNATURE EXAMINER'S | ASSOCIATE MEDICAL EXAMINER 1 2.16.63 |
| | NAME (Type) Werner No. Spi | |
| | A. BURIAL CREMATION, 24B. DATE 240 NAME of CEME | A IN I NI |
| 20 | BURIAL 2-20-67 DIOOKS Me | The Che Com Wallsville. Md. |
| 175 | | |
| 1 | A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | MORTON & DORTH F-H. 1701 LAYRENS |



69 1767 BALTIMORE CITY HEALTH DEPARTMENT

| Rigger Louisa Harris Low Was Deceased Ever IN U.S. ARMED FORCES? (7.8, hor or rishnors)(1) yes, give wor or dains of service) 220-03-878 Mrs. Beatrice Oviens 200 Mission RC APPROXIMATE INTERVAL APPROXIM | | A ALL LEDIC C | | | DEATH | 6 | 9 | 1767 |
|--|---|----------------------------|--------------------|---------------|-------------------|----------------|------------|------------------|
| INDEED MOSES M. MOSES M. MOSES M. MOSES M. MOSES M. MOSES MO | BIRTH NO. | AMINER'S C | ERTIFICA | (IE OF | DEATH, | REG. NO | | |
| 4. PRACE LINE BAILMORE, MARYLAND, WHERE PRONOUNCED DEAD PRODUNCED DEAD PRODUNCED DEAD PROTUCTION ST. Agree Hospital ADDRESS OR COATION) SITUMON ST. Agree Hospital ASSMATYLAND SEX PACE MIDOWIE DIVORCED SAVING SAVI | 1. NAME OF DECEASED (Type or Print) | OFTEN | OF , | | Manth | Doy | Year | Hour |
| FIGURINAL OF MOSTITAL OR INSTITUTION OF INSTITUTION, GIVE SIREST MODESTOR LOCATION) St. Agnes Hospital S | | | DEATH | zamnorea 📈 | Month | Dov | Year | Haur |
| USUAL RESIDENCE (Where deceases level trimotions residence before soldination) | | | | | | | | |
| St. Agnes Hospital Six Sacta Maryland Maryland Savage | HOSPITAL ADDRESS OR LOCATION) | | a Hellal Breib | | | | | |
| SEX. Agres Hospital Sex Maryland | OK III SIII SIII SII | | | ENCE (Where | | | sidence be | etore admission) |
| male | | | Mary1 | land | Harry | 7-1-1/6 | 3 | 63-00 |
| 9. DATE OF BIRTH 7-29-02 10. MACE (in years) 660 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SOUNTRY 12. CITIZEN OF WHAT SOUNTRY 12. CITIZEN OF WHAT SOUNTRY 13. FATHER'S NAME James Oveens Louisa Harris 16. WAS DECEASE EVER IN U.S. ARAMED FORCES? 16. WAS DECEASED EVER IN U.S. ARAMED FORCES? 17. SOCIAL NO. (1) Ver, give war or dots of service) 18. INFORMANT 19. CAUSE OF DEATH 19. Arteriosclerotic Cardiovascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (his does not mean the disease) LEADING TO DEATH (his does not mean the selected head follow channel, etc. mean the disease) LINDERLYING CONDITION (1851) 10. WAS DECEASED EVER IN U.S. ARAMED FORCES? 17. SOCIAL NO. (19. Very war or dots of service) 22.0-03-878 Mrs. Beatrice Owens 200 Mission R. Arteriosclerotic Cardiovascular Disease Arteriosclerotic Cardiovascular Disease SISSASS OR CONDITION DIRECTLY LEADING TO DEATH (his does not mean the disease) LINDERLYING CONDITION TO NIRBUTING UNDERLYING CONDITION TO NIRBUTING UNDERLYING CONDITION TO NIRBUTING UNDERLYING CONDITION TO NIRBUTING DISEASE OR CONDITION TO NIRBUTING 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 224. EXTERNAL CAUSE WAS UNDERLYING TO CONTIRB. UNDERLYING CONDITION TO NIRBUTING OF INJURY (1904) 225. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If In Boillimore City, give exact location) No. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE WERNAL CRUMATION WHILE AT WORK 226. NAME of CEMERERY or CREMATION WORK AND THE SIGNED AND THE SIGNED ACTUAL SIGNATURE WERNAL CRUMATION SUBJECT TO THE SIGNED ACTUAL SIGNATURE WERNAL CRUMATION SUBJECT TO THE ORDER ADDRESS MANG (type) 228. NAME of CEMERERY or CREMATION ADDRESS MANG (type) 229. LOCATION (City, town, or county) SIGNATURE ACTUAL SIGNATURE | 6. SEX 7. RACE 8. MARRIED 2 N | NEVER MARRIED | C. CITY OR TOV | NN | D. | INSIDE CITY | LIMITS? | |
| 9. DATE OF BIRTH 7-29-02 10. BRITHPLACE (Solve or foreign country) 11. BRITHPLACE (Solve or foreign country) 12. CITIZEN OF 13. FATHER'S NAME James Ovvers James Ovve | male negro WIDOWED | DIVORCED [| Savas | e | | YES | | NO X |
| 1. BRITHPIACE (Stotic or farsign country) 1. CHIZEN OF WHAT COUNTRY) 1. BRITHPIACE (Stotic or farsign country) 1. CHIZEN OF WHAT COUNTRY) 1. STANKE'S NAME | 9. DATE OF BIRTH 10. AGE (In years If Under | | E. STREET AND | NUMBER | | | | |
| 1. BiRHPLACE (Stote or foreign country) 2. CILIZEN OF WHAT COUNTRY U.S.A. 3 James Overns 3 James Ove | 7 70 07 | Doys Hours Min. | 200 | Mission | Road | | | |
| Cockeysville, Md | | ZEN OF | | | Road | | | |
| Cause of Death Caus | Controversible Ma | T COUNTRY? | Tames | Owene | | | | |
| Comparison Com | | | | | F | | - | |
| 12. SOCIAL SCEENS DEVER IN U.S. ARMED FORCES? (*S. no or orhomon)(! yes, give word rolets of service) 17. SOCIAL SCEENITY NO 200-878 Mrs. Beatrice Oviens 200 Mission Rolets of service) 19. | dane during mast of working life, even if retired) | | | | | | | |
| Vis., to a runknown) (it yes, give war or doles of service) 220-03-878 Mrs. Beatrice Oviens 200 Mission Re 200 | | 6.6.6141 | | | 5 | 400 | 255 | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (A) MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: | (Yes, na ar unknawn)(If yes, give war ar dates of service) | SECURITY NO. | | | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failty, outside, ext.) (Init does not mean the mode of dying, e.g., heart failty, outside, ext.) (Init does not mean the mode of dying, e.g., heart failty, outside, ext.) (Init does not mean the disease, heart failty, outside a considerable) ANTECEDENT (CAUSES) DISEASES OR CONDITIONS, is ANY, GIVING BISE TO THE REMOVE A LOSSE (a) STATING THE LOVE CAUSE (b) STATING THE LOVE CAUSE (c) THE LOVE CAUS | No. | 220-03-878 | 8 Mrs. | Beatri | ce Ower | is 20 | - | |
| LEADING TO DEATH (This does not maken the mode of dying, e.g., heart foliure, eitherino, etc. It means the disease, injury or complication which coased death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE AROVE CAUSE (4) STATING THE UNDERLYING CONDITION (AST). (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE AROVE CAUSE (4) STATING THE UNDERLYING CONDITION (AST). (C) OTHER SIGNIFICANT CONDITION [208. CONDITION FOR WHICH OPERATION WAS PERFORMED 220A. DATE OF OPERATION [208. CONDITION FOR WHICH OPERATION WAS PERFORMED 221. AUTOPSY? (Yes or No.) NO NO NO PROVIDENT CAUSE WAS UNDERLYING CONTRIBUTING TO THE ETEMINAL DISEASE OR CONDITION (Pen) Pen ; the control of the pen in t | 19. 2// 44/8 | CAUSE OF DEAT | гн | | | | | |
| LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, eithenio, etc. It means the disease, injury or complication which coased death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE AROVE CAUSE (4) STATING RISE TO THE AROVE CAUSE WAS LINEARLY AND AROVE CAUSE OF THE AR | DISEASE OF CONDITION DIRECTLY | | | | | | | |
| This dass not meen the mode of dying, e.g., heart failure, eitherio, etc. in means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A.) STATING THE UNDERLYING CONDITION LAST. (C) | | | | ic Cardi | ovascula | r Disea | ase | |
| ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GREEN TO THE TERMINAL DISEASE OR CONDITION GREEN TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH. 222B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Bollimore City, give exact locotion) NO 222C. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH. DITING CAUSE OF DEATH. AND CAUSE OF DEATH. 1 certify that I held an Inquiry Inspection A Autapsy and that an this basis, death in my apinian resulted from: Natural causes A recident Solicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSIS | (This daes not mean the mode of dylng, e.g., | | | CE OF: | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (C) | heart failure, ostherio, etc. It means the disease, injury or complication which coused death.) | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (C) | | | | | | | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) UNDERLYING CONDITION LAST. (c) UNDERLYING CONDITION LAST. (c) UNDERLYING CONDITION CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | (B) | AS A CONSEQUE | NCE OF | | | | |
| UNDERLYING CONDITION LAST. (c) | RISE TO THE ABOVE CAUSE (A) STATING THE | DOE TO, OK | AS A CONSEQUE | NCE OF: | | | | |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. Not with the property of the | UNDERLYING CONDITION LAST. | (c) | | | | | | |
| 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. Not will be an expected of the property of the pro | 2 11 | | | | | | | |
| 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. CAUSE OF DEATH. DATE SIGNED CHIEF MEDICAL EXAMINER CHIEF | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | - C D | | th Mate | | | |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. Not with the property of the | DISEASE OR CONDITION GIVEN IN PART 1 (A). | Carcinon | a or Pros | state wi | th Metas | cases | | |
| 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. CAUSE OF INJURY OCCURRED CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF INJURY OCCURRED CAUSE OF DEATH. CAUSE | 20A. DATE OF OPERATION 20B. CONDITION FOR WH | ICH OPERATION WA | AS PERFORMED | | | 2 | 1. AUTOP | SY? (Yes ar Na) |
| 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- OR CONTRIB- UNDERLYING OR CONTRIB- OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLOAD OR CONTRIB- UNDERLYING OR CONT | Ō | | | | | | | No |
| UTING CAUSE OF DEATH. 22D. TIME (Manih) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APROX.) I certify that I held an Inquiry Inspection Actident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMI | ₹ 22A. EXTERNAL CAUSE WAS 22B. PLA | CE OF INJURY(e.g., | in ar about 22C. | WHERE DID (| f in Boltlmore Ci | ty, give exoct | | NO |
| OF INJURY (APPROX.) Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner | UNDERLYING OR CONTRIB- | rm, factary, street, affic | bldg., etc.) INJUI | RY OCCUR? | | | | |
| OF INJURY (APPROX.) Control Con | UTING LI CAUSE OF DEATH. | NITTRY OCCURRED | 22F. 1 | HOW DID INI | LIRY OCCUP? | | | |
| Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED | OF INJURY WHILE | | | 110110101111 | OKT OCCOR. | | | |
| Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED | (APPROX.) m. WOR | | | | | | | |
| resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner Actual Chief Medical Examiner Assistant Medical Examiner X Assistant Medical Examiner X Associate Medical Examin | | . 🔽 . | | 1.1. | | | | |
| ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE AS | | | | | | | inian | |
| ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, Burial 2-19-69 Mount Auburn Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ASSISTANT MEDICAL EXAMINER 2/15/69 2/15/69 2/15/69 2/15/69 ASSOCIATE MEDICAL EXAMINER 2/15/69 2/15/69 ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2/15/69 ASSOCIATE MEDICAL EXAMINER ASSOCIATE MED | resulted fram: Natural causes X Acci | dent U Suicid | e Hamic | ide 📙 👢 | Indetermined | manner 🔲 | | |
| ASSISTANT MEDICAL EXAMINER 2/15/69 EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 2/15/69 24A. BURIAL CREMATION, PREMOVAL (Specify) Burial 2-19-69 Mount Auburn Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WORTON & DYETT F.H. 1701 Laurens S | 11011111 | .) | CHIE | F MEDICAL E | XAMINER | | | DATE SIGNED |
| EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY Burial 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens S | | 7 MD | ASSISTAN | NT MEDICAL E | XAMINER X | | | |
| NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY Burial 2-19-69 Mount Auburn Cem. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens S | | | | TE MEDICAL EX | KAMINER - | | 2 | 2/15/69 |
| Burial 2-19-69 Mount Auburn Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS FEB 17 1969 Control & DYETT F.H. 1701 Laurens S | werner u. Sull | .z, M.D. | | | | | | |
| Burial 2-19-69 Mount Auburn Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens S | 24A, BURIAL CREMATION, 24B, DATE 24C, N | NAME of CEMETERY | ar CREMATORY | 24D. L | OCATION | (City, town, a | r county) | (State) |
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| FEB 17 1969 Of Lat 2. Falley MORTON & DYETT F.H. 1701 Laurens S | | | | | | | | . 4114 |
| | and don to the day | T. O | | | | | | |
| VS 151-REV. 1/1/68 | LED 1 (1908 (1907) 8 | " Tankey | MORT'O | IN & DY | ETT F. | 1. I/O | 1 La | urens S |
| | VS 151-REV. 1/1/68 | 000 | 0 1 5 | 7 6 6 | | | | |

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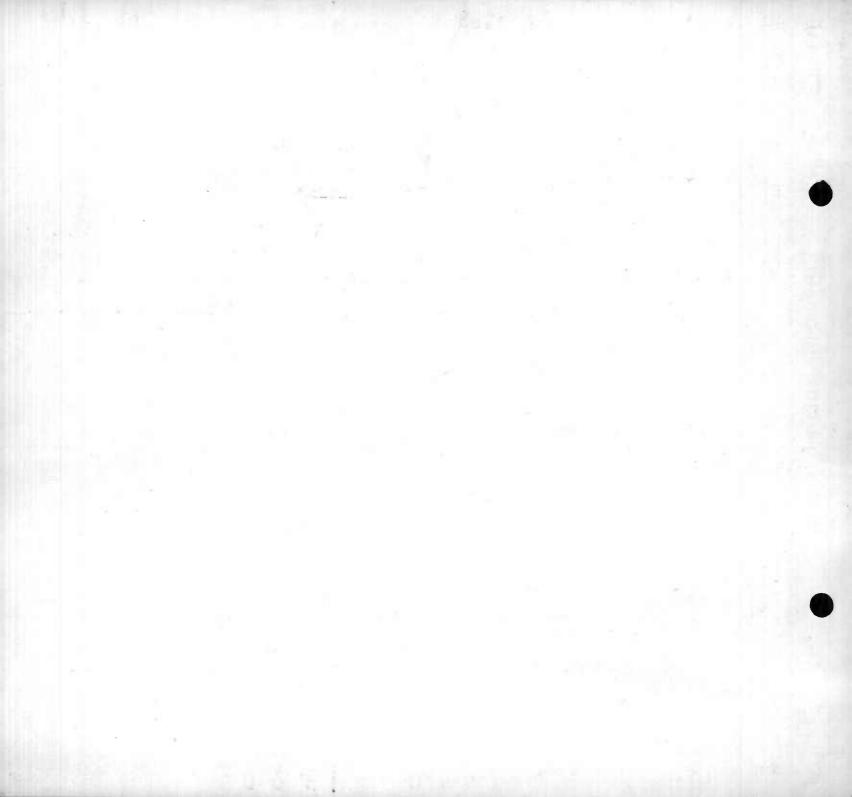


1-322 BIR

69 1768 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 1768

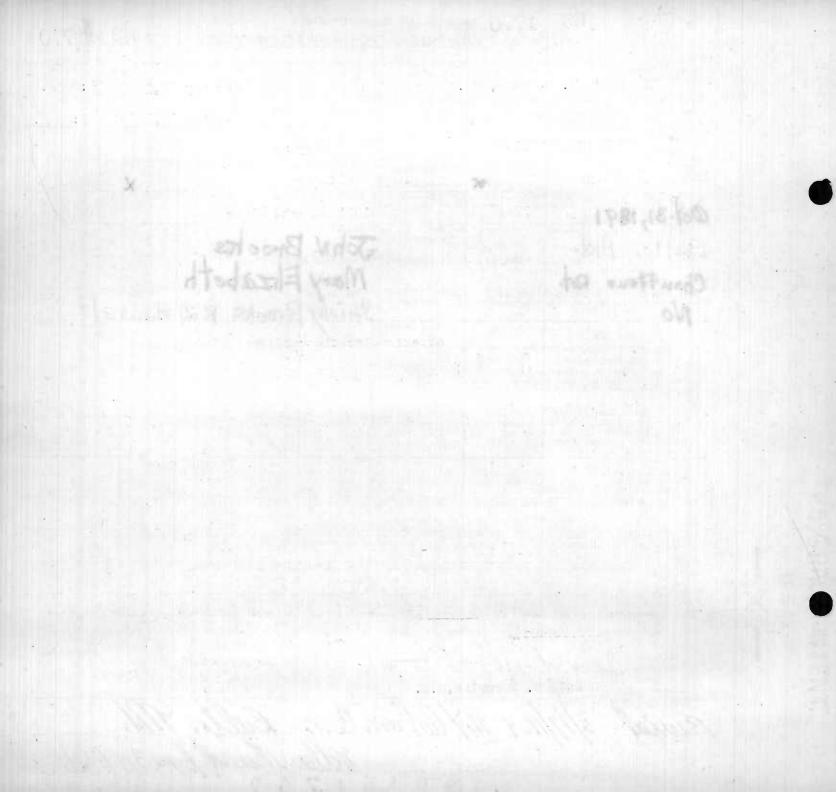
| BIF | RTH NO. | AAMIIAEK 5 C | LICITIO | CAILOI | DLAI | REG. NO | D | | |
|---------------|--|--|-------------------------------|------------------------------|--|-----------------|-----------------------|------------------------------------|-----|
| 1. I | NAME OF DECEASED | / | 2. DATE | Known 🗌 | Manth | Day | Year | Haur | |
| L | auretta LORETTA JENNINGS | (Fitzhugh) | OF DEATH | Estimated | Febru | ary 14 | ,1969 | 10:25 | As |
| 4. | PLACE IN BALTIMORE, MARYLAND, WHERE PRON L NAME OF (IF NOT IN HOSPITAL OR INSTITUT | | 3. DATE PRONOL | NCED DEAD | Manth | Day | Year | Haur | |
| HO | SPITAL ADDRESS OR LOCATION) INSTITUTION | ION, GIVE SIKEEI | | SIDENCE (When | | ary 14 | , | 10:25 | |
| 2 | 1401 W. Fayette Street | | A. STATE | MAryland | e decedsed in | B. COUNTY | | -01 | ") |
| 6. | Female Negro B. MARRIED WIDOWED | NEVER MARRIED DIVORCED | c. city or Balt | imore | | D. INSIDE | CITY LIMITS? YES 🖾 | № □ | |
| II | DATE OF BIRTH 10. AGE (In years If U | nder 1 Yr. If Under 24 Hrs. ths, Days Haurs Min. | | ND NUMBER W. Fayett | e Stre | | 113 💆 | | |
| | | CITIZEN OF WHAT COUNTRY? | 13. FATHER' Un} | | | | | | |
| 14A | USUAL OCCUPATION (Give kind of work 148. KIND OF eduring most of working life, even if retired) Domestic Work | BUSINESS OR INDUSTRY | Rose | etta Ash | nby | | | | |
| 16. (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. SOCIAL SECURITY NO | 18. INFORM | IANT | - | | ADDRESS | Ro | ad |
| _ | was deceased ever in u.s. armed Forces? s, no arunknawn) (If yes, give war ar dates af service) | 17. SOCIAL SECURITY NO. 212-14-9655 | Mrs. | Lottie | M. Fo | ster | 2714 | Reiste | rto |
| | 19. 4-12.4-1 | CAUSE OF DEAT | | | | | | PPROXIMATE INTER VEEN ONSET AND | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Arterios | clerot: | ic cardio | vascul. | ar dise | ease | | |
| | (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) | DUE TO, OR A | | JENCE OF: | | | | | |
| | ANTECEDENT CAUSES | (n) | | | | | | | |
| z | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | (B) | AS A CONSEC | UENCE OF: | # we we a we a we a w | | | | |
| 임 | 11 | | | | | | | - | _ |
| CERTIFICATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | 100 m 100 to | | | | |
| ERT | 20 A. DATE OF OPERATION 20B. CONDITION FOR | WHICH OPERATION WA | S PERFORM | ED | | | 21. AUTC | PSY? (Yes ar N | 1a) |
| ا ا | 0 | | | | | | 1 | no | |
| EDICA | 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | PLACE OF INJURY (e.g., i e, farm, factary, street, affice | in ar abaut 2 bldg., etc.) | C. WHERE DID NJURY OCCUR? | (If in Baltima | re City, give e | exact lacation) | | |
| Σ | 22D. TIME (Manth) (Day) (Year) (Haur) | 22E.INJURY OCCURRED | | F. HOW DID IN | JURY OCC | UR? | | | |
| | (APPROX.) m. | WHILE AT NOT | ORK | | | | | | |
| | 23. 1 certify that I held on Inquiry | Inspection X Aut | opsy 🗌 | ond that on t | his basis, | deoth in m | y opinion | | |
| | resulted from: Notural couses 🗵 🛚 🗚 | ccident Suicid | e Ho | miclde 🗌 | Undetermi | ned monner | | | |
| | | 1 . 1 | | HIEF MEDICAL | EXAMINER | | | DATE SIGNE | D |
| | SIGNATURE & hard Miles | M.D. | ASSIS | STANT MEDICAL | EXAMINER | xxx | | DATE SIGNE | , |
| | EXAMINER'S Ronald N. Kornb | lum,M.D. | ASSO | CIATE MEDICAL | EXAMINER | | 2/14 | 1/69 | |
| | A. BURIAL CREMATION, 24B. DATE 24MOVAL (Specify) | C. NAME of CEMETERY | or CREMATO | RY 24D. | LOCATION | (City, ta | wn, ar caunty |) (State) | |
| | | Mt. Calvary | Cemet | ery | A.A. | Co | Ma | ryland | |
| 25 | | OF REGISTRAR | 25 C. F | TON & D | OR | | ADDRESS | | Ct |
| VS | 151-REV. 1/1/68 | 900 | 7-1-1 | 7 6 7 | | | -/01 1 | aurens | DE |



69 1770 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|---------|-------------------|-------------|----|-------|

| | | | MED | ICA | | AMINER'S | | | DEAT | H REG. NO | 69 | 177 | 0 |
|---------------|--|--------------------------------|-----------------|------------|-----------|--|------------------------|-------------------|-----------------|-------------------|-------------|-----------------------------------|-------|
| BII | RTH NO. | | | | | | | | | REG. NO. | | | |
| 1. (Ty | NAME OF DEC | CEASED ARENCE | E. 1 | BROOK | S, SI | R. | 2. DATE OF DEATH | Known Estimated | Month Februa | arv 14.1 | Yeor 969 | 3:00 A | • M. |
| 4. | PLACE IN BAI | TIMORE, M. | | | | | 3. DATE | | Month | Day | Year | Haur | |
| HO | L NAME OF | | T IN HOSPIT | | STITUTION | I, GIVE STREET | PRONC | DUNCED DEAD | Februa | ary 14,1 | 969 | 3:00 | А.м. |
| OR | INSTITUTION | | | | | | | RESIDENCE (Where | | | residence | befare odmissi | an) |
| | 34 | UNIVER | SITY HO | SPIT | AL | | A. STATE | Maryland | | B. COUNTY | / | 6-01 | |
| | SEX C | 7. RACE | | B. MAR | RIED 🗌 | NEVER MARRIED | C. CITY O | RTOWN | | D. INSIDE CIT | Y LIMITS? | | |
| I | lale | Ne | gro | WIDO | WED 🔯 | DIVORCED [| Balt | imore | | YE | s 🛛 | NO 🗆 | |
| 9. | ATE OF BIRT | H | 10. AGE (I | n yeors | | r 1 Yr. If Under 24 Hrs. Doys Hours Min. | | AND NUMBER | | | | | |
| (| Det. 31 | 1891 | | ''77 | | | 1021 | Bennett P | lace | | | | |
| 11. | BIRTHPLACE (| Stote or forei | gn country) | | | IZEN OF | 13. FATHE | R'S NAME | | | | | |
| | 30 10 | 1110 | 3/1 | | | | a)oh | | o Ks | | | | |
| | .USUAL OCCU | | | 148. KIN | D OF BU | SINESS OR INDUSTR | Y 15. MOTH | ER'S MAIDEN NA | ME | -1 | | | |
| | hax 7 | our | Ret. | | | | 2 1 | MYFIT | abel | b | | | |
| | WAS DECEAS s, ng prjunknown | | | | | 7. SOCIAL SECURITY NO. | 18. INFOR | MAINT | 1 | AD | DRESS | 1.17 | 7 |
| | NO | | | | | | Uhlt | 1/8/ 13 1700 | KS V | 12/130 | NNG | 14 1 | 12 |
| | 19: 4/ | 2 4 | | | | CAUSE OF DEA | | / | | | BETW | ITHI STAMIKORPI IHA TBOHO HBBY | |
| | DISEAS | E OR CON | DITION DIRE | CTLY | | Arterios | sclerof | ic cardio | ascula | r diseas | se | | |
| | LEADING TO DEATH (A)IMMEDIATE CAUSE | | | | | | | | | | | | |
| | heort failure | nat mean the , asthenia, et | c. It meons the | e disease, | | DUE TO, OR | AS A CONSE | QUENCE OF: | | | | | |
| | injury ar cor | mplication wh | ich coused de | oth.) | | | | | | | | | |
| | A | NTECEDENT | CAUSES | | | (8) | | | | | | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | | | | | | | EQUENCE OF: | | | | | |
| z | | NG CONDIT | | | | (C) | | | | | | | |
| 은 | | | П | | | | | | | | | | _ |
| ð | | NIFICANT CO | | | | | | | | | | | |
| H | DISEASE OF | CONDITION | GIVEN IN P | ART 1 (A |). | | | | | | | | |
| CERTIFICATION | ZUA. DATE O | F OPERATIO | N 208. CO | NDITION | I FOR WI | HICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | PSY? (Yes ar | No) |
| ¥ V | 22A. FXTER | NAL GAUSE | VA (A C | | loon at a | ACC OF INTURNAL | | 006 440555 515 | tre m la | | | 10 | |
| EDIC | UNDERLYING UTING CA | | ITRIB- | | hame, fo | ACE OF INJURY(e.g., arm, factory, street, aflic | ce bldg., etc.) | INJURY OCCUR? | (It in Boltimor | e City, give exoc | f locotion) | | |
| Σ | OF INJURY | (Manth) (| Doy) (Yeo | r) (Hou | 1 | INJURY OCCURRED | | 22F. HOW DID IN | JURY OCCL | JR? | | | |
| | (APPROX.) | | | | m. WHI | RK NOT | WHILE | | | | | | |
| | 23. | | | | | | | | | | | | |
| | I cert | ify that I h | reld an I | nquiry | | nspection XX Au | topsy | ond that on t | his bosis, | deoth in my | pinion | | |
| | resul | ted from: _1 | Notural cau | ses X | Acc | ident Suici | de 📙 📙 | lomicide 📙 | | ned monner L | | | |
| | ACTUAL | K |) , | 111 | 1/ | 11 | | CHIEF MEDICAL | | | | DATE SIGN | ED |
| | SIGNAT | | west | 41 | Can | M.I. | o. Ass | SISTANT MEDICAL | EXAMINER : | | 12110 | 0 | |
| L | EXAMIN | D | ona 1d | N. Ko | ornb1 | um,M.D. | ASS | OCIATE MEDICAL | EXAMINER | | /14/6 | 9 | |
| 24 | NAME (1 | 111 | 24B. DATE | / | | NAME & CEMETERY | or CREMAT | ORY 24D | LOCATION | (City Toyur | or kanty |) (State |) |
| | MOVAL (Spec | | 2/18 | line 1 | 2.00 | NIGHE | 10 11 | 2000 /2 | 2/1/7 | | 11 | , tordie | |
| K | SURIL | W ! | X//// | 149 | 111 | y all was | W Ce | 111. | alle | 11/1 | 4, | , | |
| 25 | A. DATE REC'D | BY HEALTH | DEPT! | 258. 1 | NAME O | REGISTRAR | 25C. | FUNERAL DIRECT | OR . | All Al | DRESS | n/l. | 1 |
| | | | | | | | VII | I YIMMANVI | 1310118 | Home | 5/9/ | / KANAS | Y HOA |



Mary Mary and Mary Mary 1881.

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VS 150-REV. 1/1/68

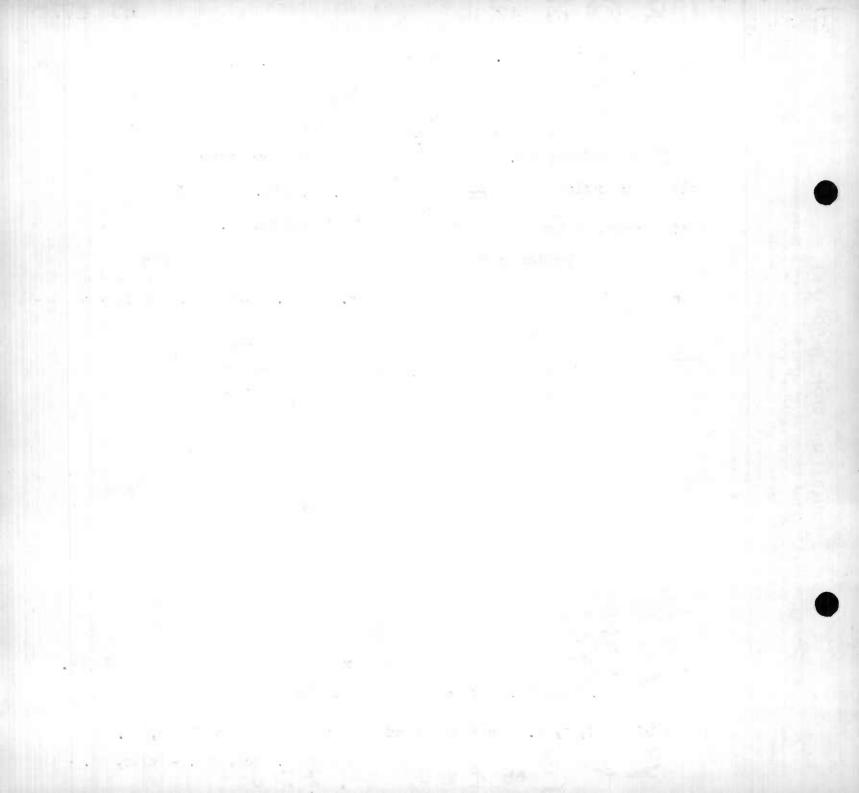
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Milymon and Fint and Section of the

, love la General Community of the community of th

| | CO | 1774 | BALTIMORE CITY | HEALTH DE | PARTMENT | | 69 177 | 7.4 |
|---------------------|--|----------------------------|---|-----------------------|--------------------|-------------------------|---|------------|
| | 03 | 1.1112 | CERTIFICA | TE OF | DEATH | REG. NO | 00 111 | <u> </u> |
| BIRTH NO. | ECEA SED | | G =1(11110) | | | ID HOUR OF DEATH | | |
| Type or Print) | CHARLES | C • | TANKERSI | EY | | 16, 1969 | 10:30 | P. N |
| PLACE IN B | ALTIMORE, MARYLAND, W | HERE PRONOUN | ICED DEAD | 4. USUAL R | B. COUN | re deceased lived. If i | stitutian: residenca befora | admission) |
| ULL NAME O | F (IF NOT IN HOSPIT, ADDRESS OR LOCA | AL OR INSTITUT | TON, GIVE STREET | Mary 1 | | D. INS | 27-35 IDE CITY LIMITS? | |
| PLEAS | SANT MANOR NUR | STNG & CO | ONVALESCENT | Balti | more | | YES X NO | |
| 10 HOAR | JAN I IMNOIT HOIL | DING & O | CENTER | | ND NUMBER | III. | | |
| 4615 | Park Heights | Ave. | OBMINIC | 3808 | Northern | Parkway | | |
| . SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF | BIRTH | 9. AGE fin years | If Under 1 Yr. , If Und | er 24 Hrs. |
| male | caucasian | WIDOWED | DIVORCED | | 1, 1871. | lost birthdoy) 97 | Months Doys Hours | Min. |
| | CUPATION (Give kind of work of working life, even if relifed) | 108, KIND OF E | SUSINESS OR INDUSTRY | 11. BIRTHPLA | CE (Stote or forei | ign country) | 12. CITIZEN OF WHAT | COUNTRY |
| | grocer, retire | a | food | Deal's | Island, | Md. | USA | |
| 3. FATHER'S N | | Ι' | | 14. MOTHER | S MAIDEN NAM | ME | | |
| | Valenti | ne Tanke | rsley | | | Unkn | own | |
| | ed Ever in U. S. Armed For | | 6. SOCIAL | 17. INFORMA | NT | | ADDRESS | |
| No | win the yes, give wor or dole | s of service/ | SECURITY NO. | Mr. Pa | ul P. Ta | nkersley, l | .913 Redwood A | ve-34 |
| 18. | 71.91 | | CAUSE OF DEAT | | | | APPROXIMATE I | |
| DISE | ASE OR CONDITION DI | RECTLY | | | 1 | 1 / / | BEIWEEN ONSEL | IND DEATH |
| | LEADING TO DEATH | | ANNAMEDIATE CAL | Cere | Gral 1 | treeriuscha | 60817 | |
| | not meen the made of | | DUE TO, OR AS | A CONSEQUEN | ICE OF: / | | , | |
| | e, osthenia, etc. It meons amplication which coused | etc. It means the disease, | | | | | | |
| injury or co | | domi, | 0. | . / | 1 M | feorosclar | 2 St 7 | |
| | ANTECEDENT CAUSES | | (B) yeue | 121 Cles | | | | |
| | OR CONDITIONS, if | | DUE TO, OR AS | A CONSEQUE | NCE OF: | | | |
| | the obove couse (A) | stating the | (c) | | | | | |
| - | 41 | | (C) | | | | | |
| Z | III | NITBIBLITING | | | | | | |
| TO THE DE | NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO THE | HE TERMINAL | | | | | | |
| M DISEASE OR | CONDITION GIVEN IN PAR | T 1 (A). | HICH OPERATION | 20 A A1174 | DECV2 (Yes or No | 208 IE VEC 14/FBF | EINDINGS CONSIDERED | ********* |
| E ITAL DATE O | OF OPERATION 198. CON | FORMED | HICH OPERATION | | | IN CERTIFYING CA | FINDINGS CONSIDERED | |
| LLJ | TOTAL MAS THE SAW THE | n arcl f | LACE OF INTURY | | NO WHERE DID | (16 to 0 de | Charles Al Cal | |
| OR CONTRI | DENT WAS UNDERLYING DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DE LA COMMENTA DEL COMMENTA DE LA COMMENTA DEL COMMENTA DEL COMMENTA DEL COMMENTA DE LA COMMENTA DE LA COMMENTA DE LA COMMENTA DEL COMMENTA DE | home, etc.) | LACE OF INJURY (e.g., form, foctory, street, c | ffice bldg., INJ | URY OCCUR? | (If In Bolfimo | re City, give exact location) | |
| 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21E. I | NJURY OCCURRED | 21 F. | HOW DID INJ | URY OCCUR? | | |
| OF INJURY | | While | | е | | | | |
| (Arricox) | | Work | At Work | | | | | |
| 22. I certi | fy that (I) (this haspital |) ottended the | deceosed from | | | 19to | | 9 |
| that (I) (w | e) lost sow the decease | d ollve on | \$\tag{9} \tag{9} \tag{8} | 19 | | | | the dat |
| | and from the couses stot | | | | | | | |
| | | A abave. (I) | (me) (ala) (ala nat) | riew the bod | direr deoin. | | 23B, DATE SIGNED | |
| 23A. SGAA | C. L. Kor E | and 1 | feld | anding - | Med. | Ned 2 | | |
| 101 | 5000 1000 | -4 | DEGREE Phy | ending K | Director L | Staff Phys. | 2/17/69. | |
| 23C. PHYSIC NAME | (Type) Dr. Rober | t R. Roul | | 23D. ADDRESS Ridge | | | | |
| AA. RIIDIAL C | REMATION, 248. DATE | 24C NAA | AE of CEMETERY OF CR | FAAATORY | 240 1 | OCATION (C | ity, town, or county) | (Stote) |
| REMOVAL Buri | (Specify) | | land Memoria | | | Baltimor | | (31016) |
| SA. DATE REC | D BY HEALTH DEPT. | 2SB. NAME OF | REGISTRAR | 2SC. FUN | ERAL DIRECTOR | | ADDRESS | |
| | CER 17 1060 | 0040 | Too a ma | Leona | rd J. Ru | ck, Inc | Balto, Md | 14 |
| | RED TT 1309 | Cal Start 1 | S. Acres P. | | 7 7 " | | | |
| VS 150-REV, 1/ | 1/68 | | 518 1.7 | 1. 3 | 1 1 0 | | | |

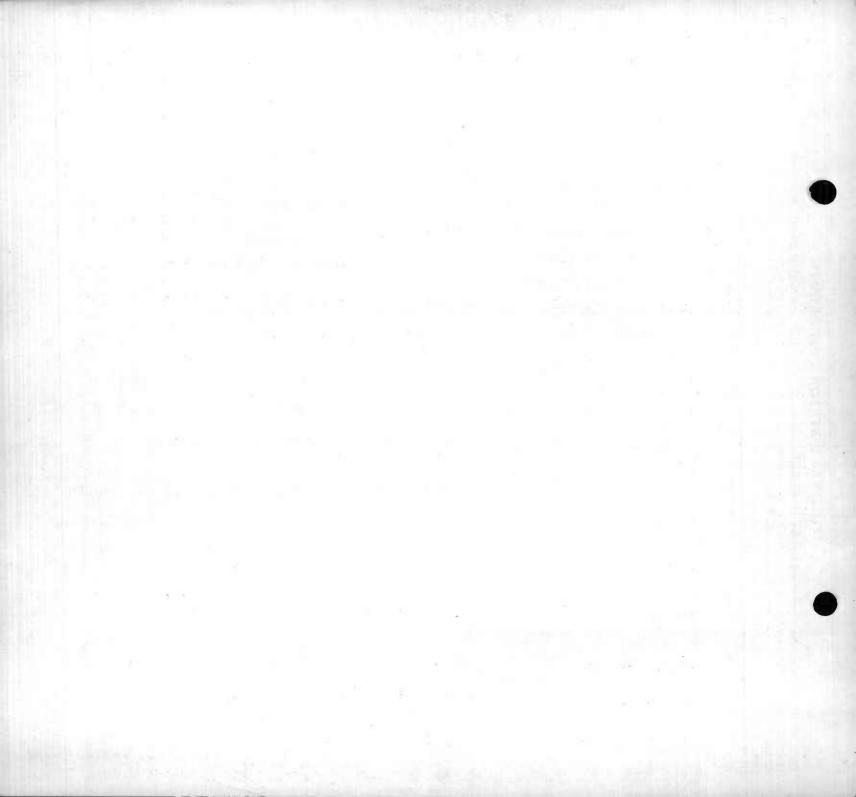


VS 150-REV, 1/1/6B

| | 69 | 1775 | | HEALTH DEPARTMENT | 250 110 | 69 1775 |
|---|---|--------------------------------|--|--|------------------------------------|---|
| BIRTH NO. 1. NAME OF DECEAS (Type or Print) | ED | ARET A. | GILLEY | | AND HOUR OF DEATH | |
| 3. PLACE IN BALTIM | | | | | uary 7, 1969. | stitution; residence before admission |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITA | AL OR INSTITU | | | Bal | to Co 33-00 IDE CITY LIMITS? |
| 4 | ford Garden | s Nursin | g Home | Baltimore | R | YES NO NO |
| 10 | | | | | 8407 Harfo | ord Road |
| | White | 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED | March 17, 188 | 9. AGE (In years lost birthdoy) 88 | If Under 1 Yr. If Under 24 Hr Months Doys Hours Min. |
| OA, USUAL OCCUPA done during most of work Housewife | ing life, even if retired) | 10B. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or Mar | foreign country) yland | 12. CITIZEN OF WHAT COUNTE |
| 3. FATHER'S NAME | ? | Kemp | | 14. MOTHER'S MAIDEN | NAME Unkno | wn |
| 5. Wos Deceosed Eve | | | 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| No No | | s of service | 220-07-4528 | Mrs. Ann Bat | eman | (Same) |
| OTHER SIGNIFICA TO THE DEATH B DISEASE OR CONI | ONDITION IGNIES NT CONDITION SECONDITION | DINON FOR W | HICH OPERATION | POA. AUTOPSY?/YS on ay obout 21C. WHERE DI | IN CERTIFYING CA | FINDINGS CONSIDERED (USES OF DEATH? |
| | conth) (Doy) (Ypor) | (Hour) 21E. (While Work | INJURY OCCURRED Not While At Work | e TX | NURY OCCUR? | stof bet. |
| that (I) (we) las | t (I) (this haspital | d alive an. | Jane | 1 | | nian death accurred an the do |
| 23A. SIGNATURE | Plasi | k) | 00.8 | identhe bady after dea | Staff Phys, | 23B. DATE SIGNED /69 |
| 23C. PHYSICIAN'S NAME (Type) | F.T.K | ASTK | ITR MD | 9005 | MARFO | RD Rd |
| 24A. BURIAL CREMA REMOVAL (Spec Burial | 2/10/6 | 100 | ME of CEMETERY of CRI adon Park Cem | | | ity, town, or county) (Stote) Lmore, Md. |
| 25A. DATE REC'D BY | HEALTH DEPT | 258. NAME OF | | 25C. FUNERAL DIREC | TOR | ADDRESS |
| | T 1303 | Obles 5 | E. Janky MA | Leonard J: | Ruck, Inc. B | alto. Md. 21214 |

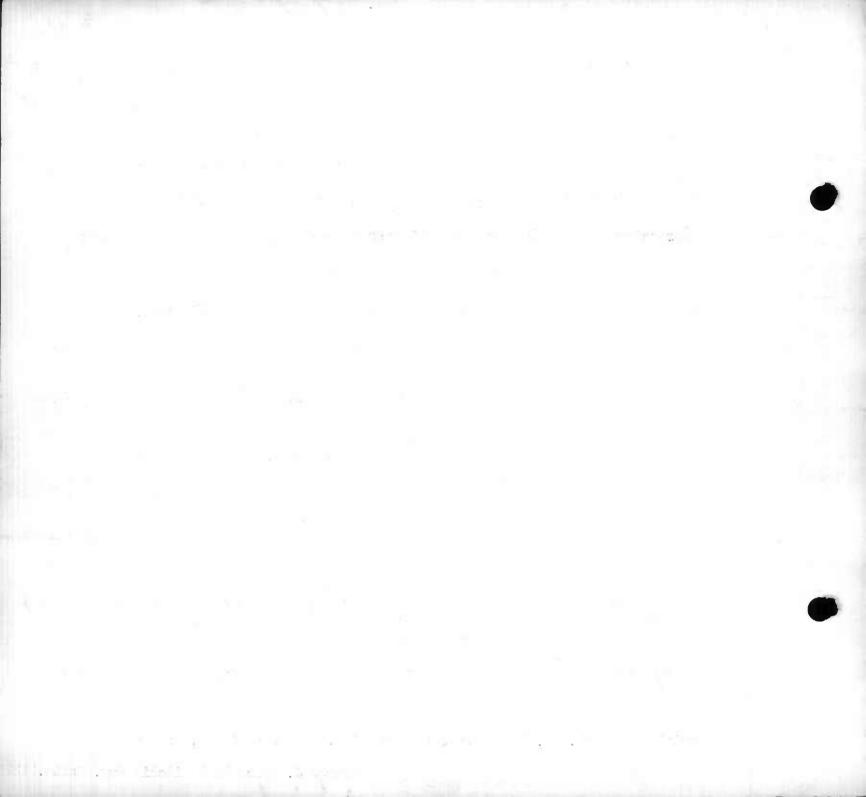
ates Conductagedon de sis fortund the struct out F.T. KASTRIR NO 9005 MARFORD

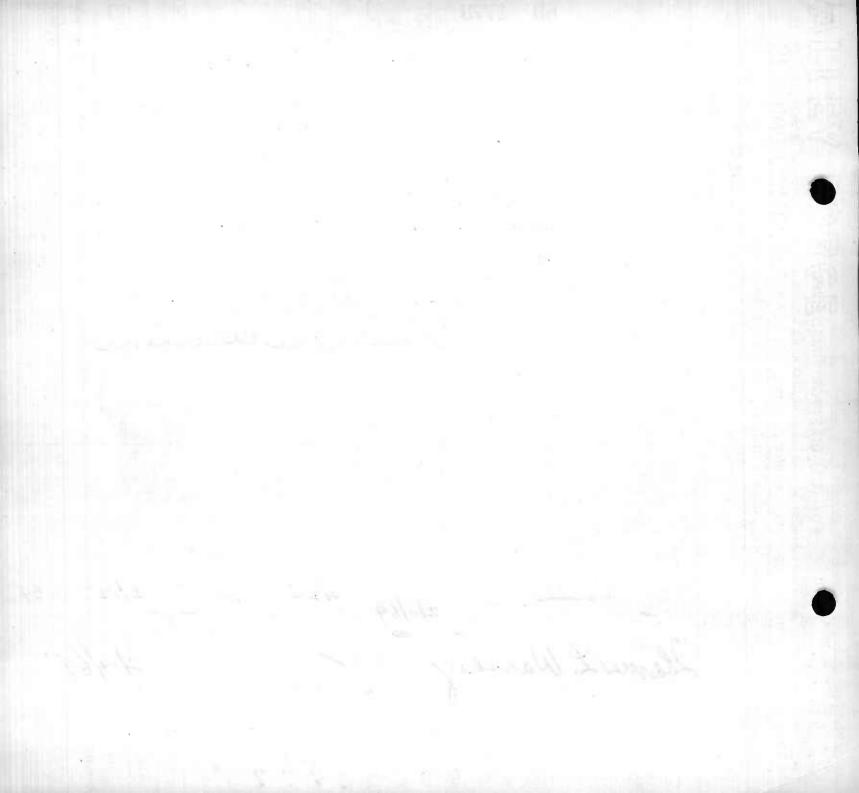
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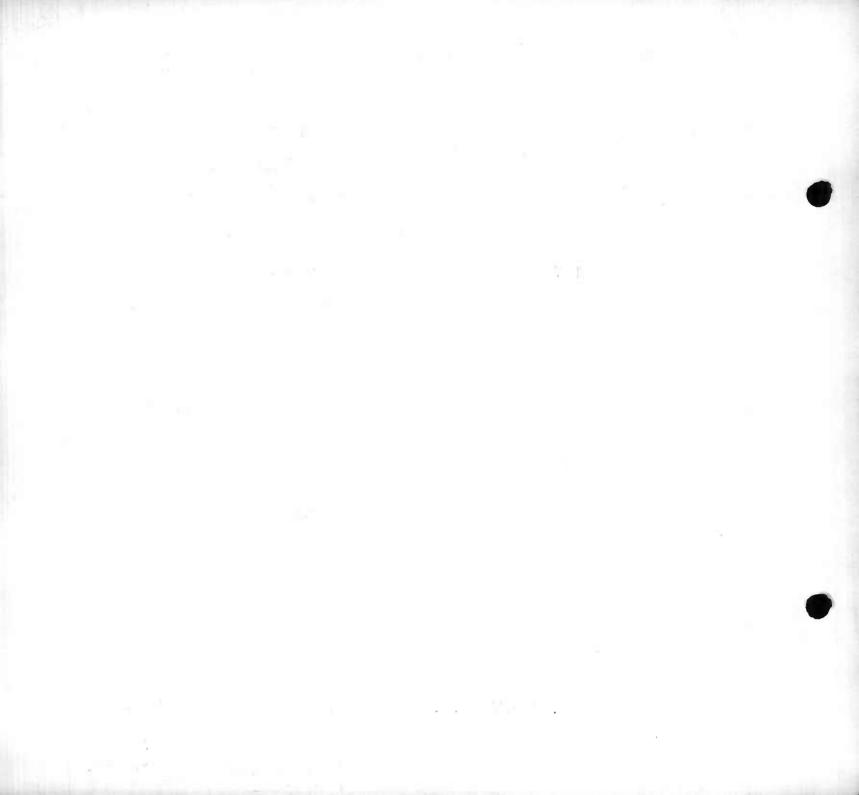


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT







IMPORTANT

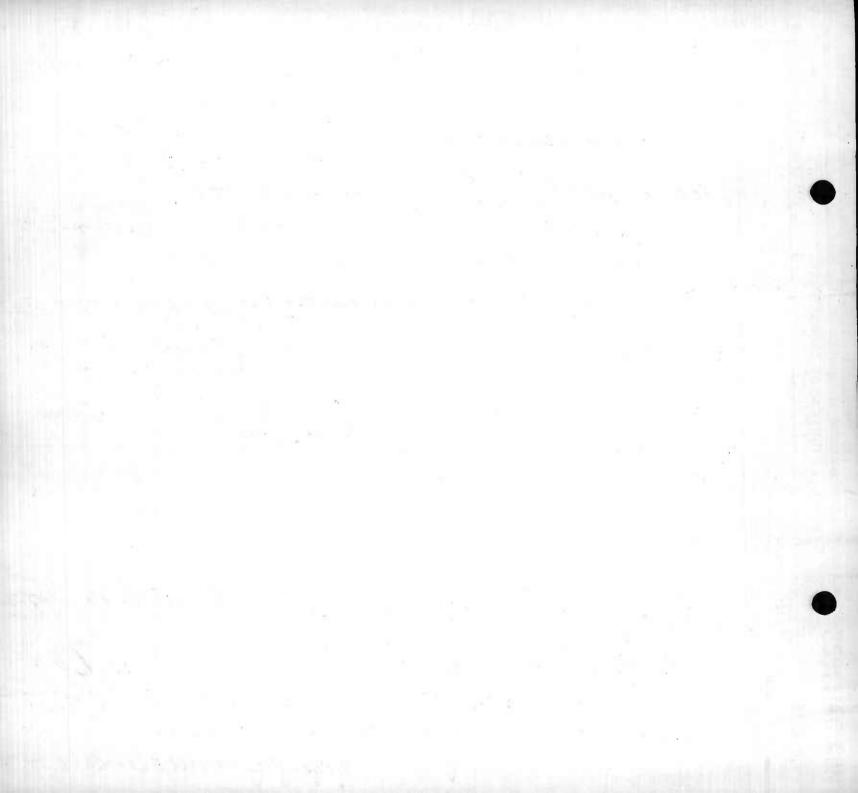
DIRECTOR:

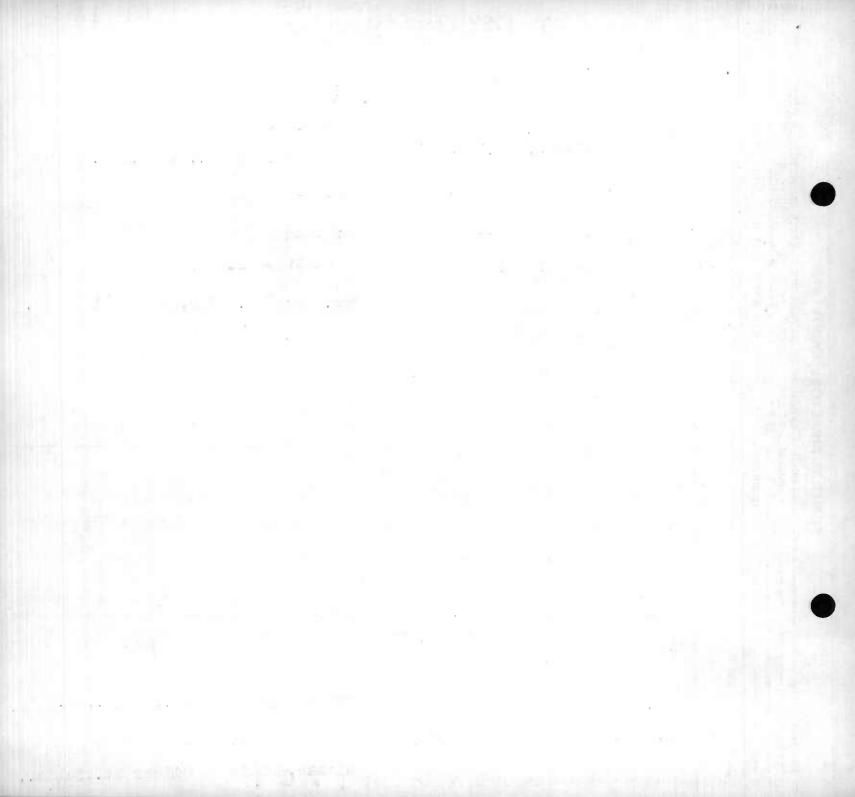
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VS 150-REV, 1/1/68

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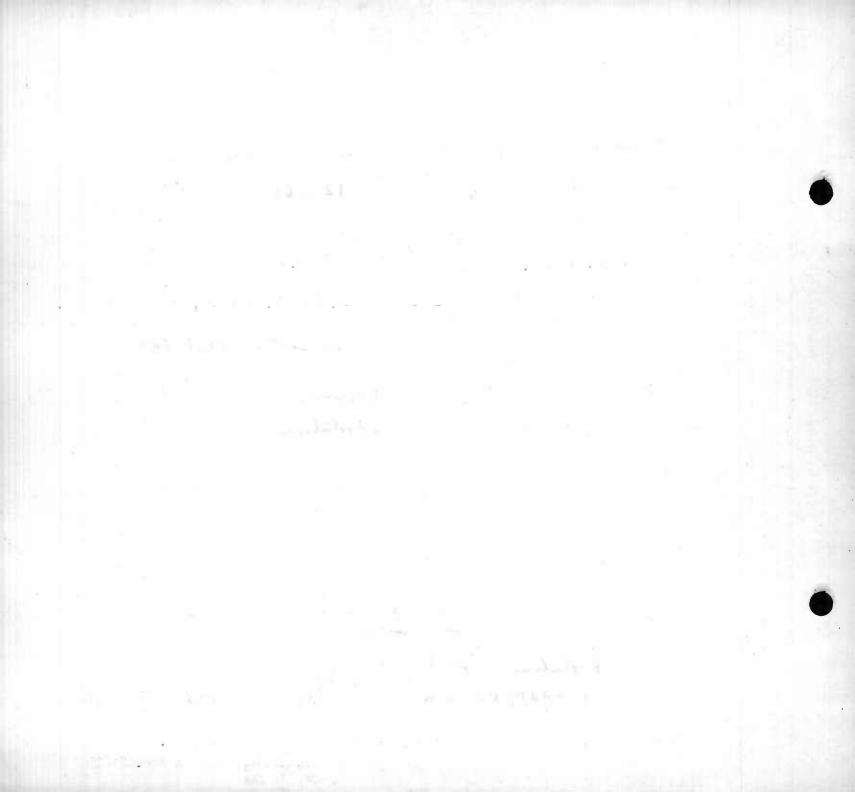






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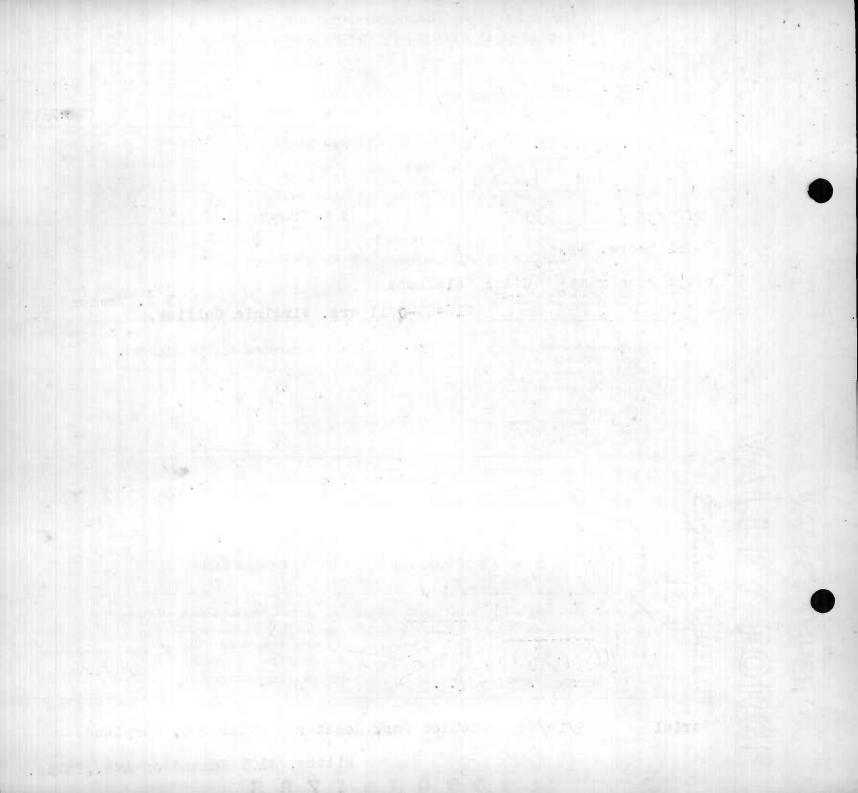
FUNERAL DIRECTOR:

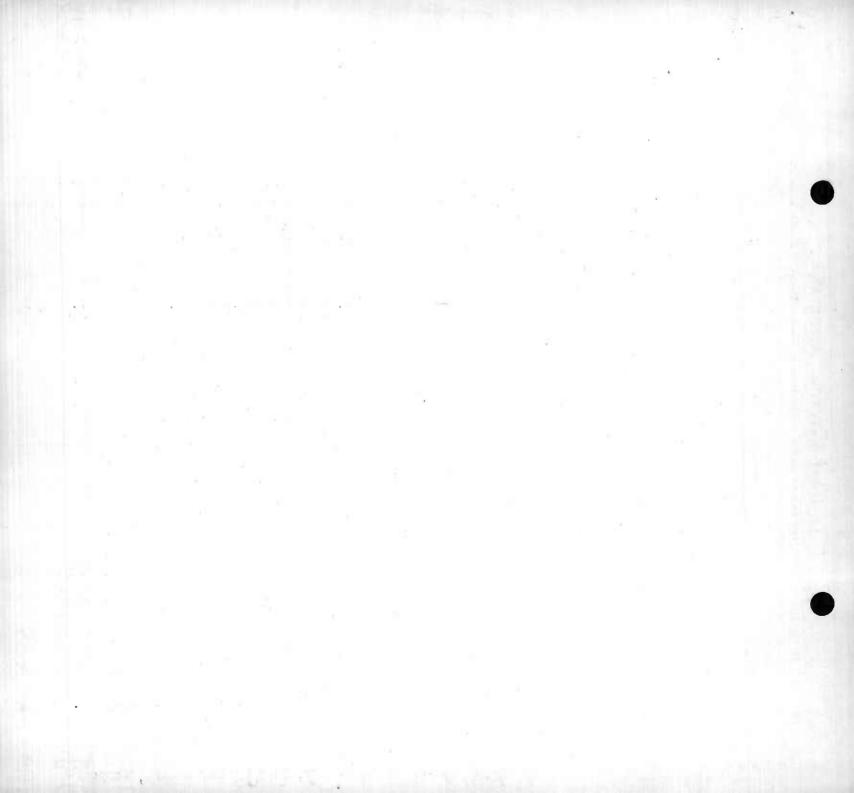


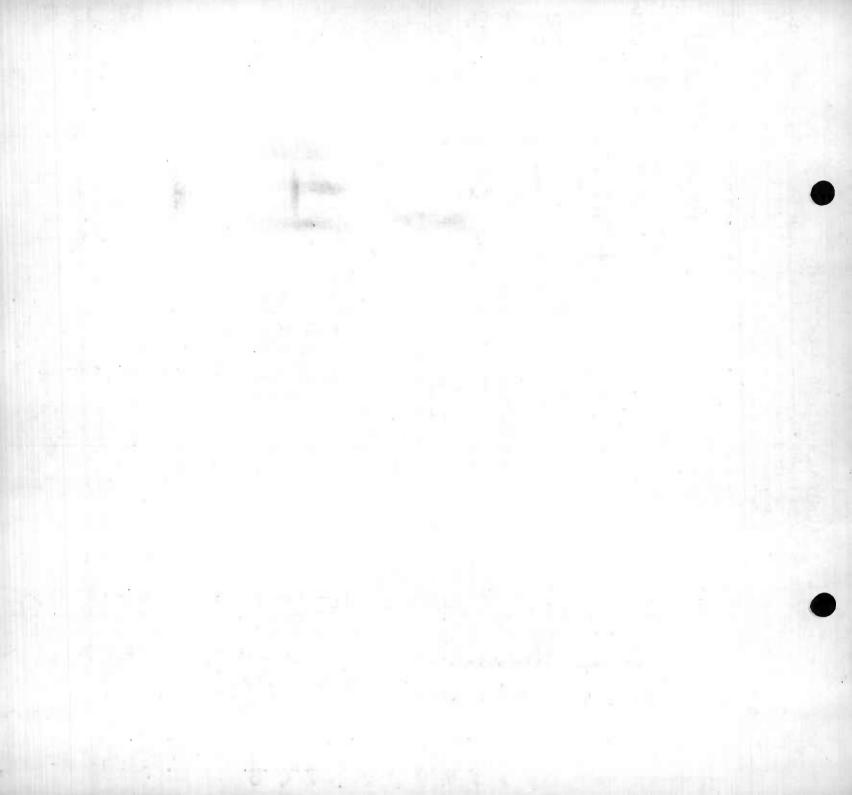
69 1784 BALTIMORE CITY HEALTH DEPARTMENT

69 17104

| BIF | RTH NO. | | MED | ICAL | . EXA | AINER'S | CERTIF | ICATE O | F DEA | TH REG. NO |) | 1104 | |
|---|--|--|------------------|-----------|-------------------|---------------|--------------|--|-------------------|-------------------------------|----------------|---------------------|--|
| | | | | | 2. DATE | Known 🗌 | Month | Doy | Yeor | Hour | | | |
| George Tyler | | | | | OF DEATH | Estimoted [| x 2 | 15 | 1969 | 8:00 PM | | | |
| | | | | | 3. DATE | OUNCED DEAD | Month | Doy | Yeor | Hour | | | |
| HO | L NAME OF SPITAL INSTITUTION | ADDRES | SS OR LOCA | IL OR INS | TITUTION, GIV | VE STREET | 5. USUAL | RESIDENCE (WI | 2 ere deceosed | 15 d lived. If institution | 1969 | before odmission) | |
| (| | N. Tremo | ont Rd | | | | A. STAMA | ryland | | B. COUNTY | 28 | -54 | |
| 6. | M | 7. RACE White | 9 | B. MARR | | ER MARRIED [| | C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? | | | | | |
| 9. | DATE OF BIRTH | -1 | 10. AGE (In | yeors | If Under 1 Y | | s. E. STREET | E. STREET AND NUMBER | | | | | |
| 11 | 2/23/86 BIRTHPLACE (S | tota as fasaig | 1 | 33 | 12, CITIZEN | 1 1 | | N. Tremo | nt Rd. | | | | |
| | Baltim | | | | | OUNTRY? | is. FAIRE | N 3 INAME | | | | | |
| 14A | USUAL OCCU | PATION (Give | kind of work | 14B. KIND | | SS OR INDUS | TRY 15. MOTH | ER'S MAIDEN N | IAME | | | | |
| re | et d re | pairma | | C & | P TA | Lephone | | | | | | | |
| 16. | WAS DECEASI | ED EVER IN L | J.S. ARMED | | 5? 17. SC) SE | CURITY NO | IB. INFOR | | | 3 1 | No Tre | mont Rd. | |
| - | 19. // / | - // | | | 21 | CAUSE OF D | | . Virgi | nia C | ollins | | PROXIMATE INTERVAL | |
| | 4/9 | 1 / 17 | 18 | 9 | X | | | | | | BETW | EEN ONSET AND DEATH | |
| | | E OR CONDI | | CTLY | | Arteri | osclero. | tic card | Lovasci | lar dise | ease. | | |
| | (This does no heart failure, | LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | |
| | AA | ANTECEDENT CAUSES (8) | | | | | | | | | | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | | | | | | | ******** | | | | | |
| Z | | G CONDITIO | | | | (c) | | | | | | | |
| CERTIFICATION | OTHER SIGN | IFICANT CON | II DITIONS CO | ONTRIBU | TING | 2 | | | | | | | |
| IFIC | | CONDITION | | | | Carcin | oma of | prostate | | | | | |
| ERT | 20A. DATE OF | OPERATION | 20B. CON | NOITION | FOR WHICH | OPERATION | WAS PERFOR | MED | | | 21. AUTO | PSY? (Yes or No) | |
| 0 | | | | | | | <u> </u> | | | | | No | |
| EDICA | 22A. EXTERI UNDERLYING UTING ☐ CA | | rrib- | | | | | 22C. WHERE DI | | more City, give e | xoct location) | | |
| X | | | oy) (Yeor |) (Hou | | JRY OCCURRE | | 22F. HOW DID | INJURY OC | CCUR? | | | |
| | (APPROX.) | | | | m. WHILE AT | | OT WHILE | | | | | | |
| I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion | | | | | | | y opinion | | | | | | |
| | result | resulted from: Notural couses Accident Suicide Homicide Undetermined monner | | | | | | | | | | | |
| | ACTUAL | 111/1 | - 017 | 1 | , >, | 200 | 100 | CHIEF MEDICA | | | | DATE SIGNED | |
| | SIGNATU | 1/4 | | 1" | 1, X | NC. | 1.D. | SISTANT MEDICA | | | 2/16/ | 1969 | |
| | EXAMINI NAME (T | WE | rner l | J. Sp | itz, M | .D. 3 | A55 | OCIATE MEDICA | L EXAMINE | к | | | |
| | A. BURIAL CREA MOVAL (Specif | | 4B. DATE | | 24C. NAN | NE of CEMETER | Y or CREMAT | ORY 24 | D. LOCATIO | ON (City, to | wn, or county |) (Siote) | |
| | Burial 2/19/69 Loudon Park Cemetery Baltimore, Maryland 25a. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS | | | | | | | | | | | | |
| 23, | A. DATE KEC D | | | | | | | | | | WDDKE33 | | |
| _ | | are 1 | ः गपतप | (1) 0 | Ar F | Fre Court | MI | tzke, 4 | TOT E | dmondso | n Ave | .,Balto. | |







VS 150-REV. 1/1/68

| 0 | 200 | O BALTIMORE CITY | EALTH DEPAKTMENT | | 00 | 9 m. m |
|-----|------|------------------|------------------|-----------------|----|--------|
| MED | ICAL | EXAMINER'S | CERTIFICATE C | OF DEATH REG NO | 69 | 1788 |

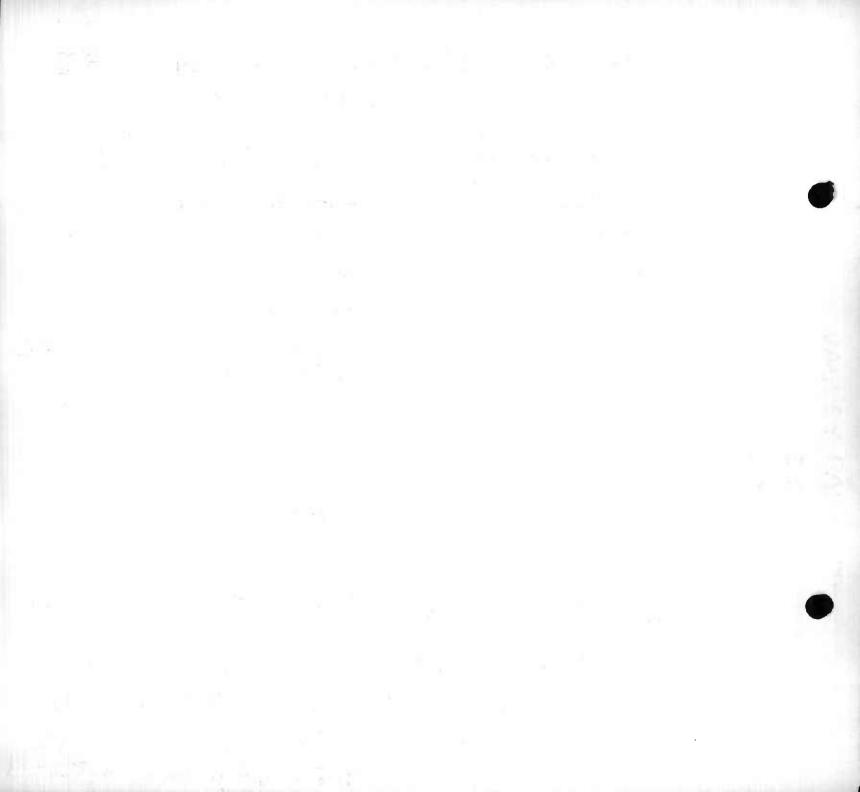
| 1 | 69 1788 BALTIMORE CITY HEALT | | 69 1788 |
|-------|---|---|--|
| 14-24 | MEDICAL EXAMINER'S CER | REG, NO | 1700 |
| | (Type or Print) THEOPHILUS NICHOLS | DATE Knawn Manth Day OF DEATH Estimated | Yeor Haur M. |
| | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD February 13, 1 | M. |
| | 1127 Laurens Streetn | USUAL RESIDENCE (Where deceased lived. If institution: STATE Maryland B. COUNTY | 16-01 |
| | Male Negro WIDOWED DIVORCED | Baltimore D. INSIDE CITY | ** |
| | Aug. 14. 1403 last birthdoy) Manths, Days, Hours, Min. | 1127 Laurens Street | |
| | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | James Nichols | |
| | 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. dane during mast of warking life, even if retired) | MOTHER'S MAIDEN NAME | |
| | (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. | Rescie Lackson 756 G | Prentley St. |
| | DISEASE OR CONDITION DIRECTLY Hypertensive LEADING TO DEATH (A)IMMEDIATE CAUS | and e/Arteriosclerotic cardiovasc se disease CONSEQUENCE OF: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CUlar |
| | UNDERLYING CONDITION LAST. | A CONSEQUENCE OF: | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | |
| | 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS P | PERFORMED | 21. AUTOPSY? (Yes or No) Yes |
| | 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- hame, farm, factory, street, affice bld | or about 22C. WHERE DID (If in Baltimore City, give exact dg., etc.) | location) |
| | 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK The Manth of the | | |
| | 23. I certify that I held on Inquiry Inspection Autops | | |
| | ACTUAL SIGNATURE M.D. | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| | EXAMINER'S NAME (Type) Charles S. Springate, M.D. | | ary 13, 1969 |
| | EAMOVAL (Specify) 54Ki 4 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTORY & FILE AD | DRESS |
| | VS 151-REV. 1/1/68 | Ressed Funers / Home 1 | 1348W. Eller 54 |

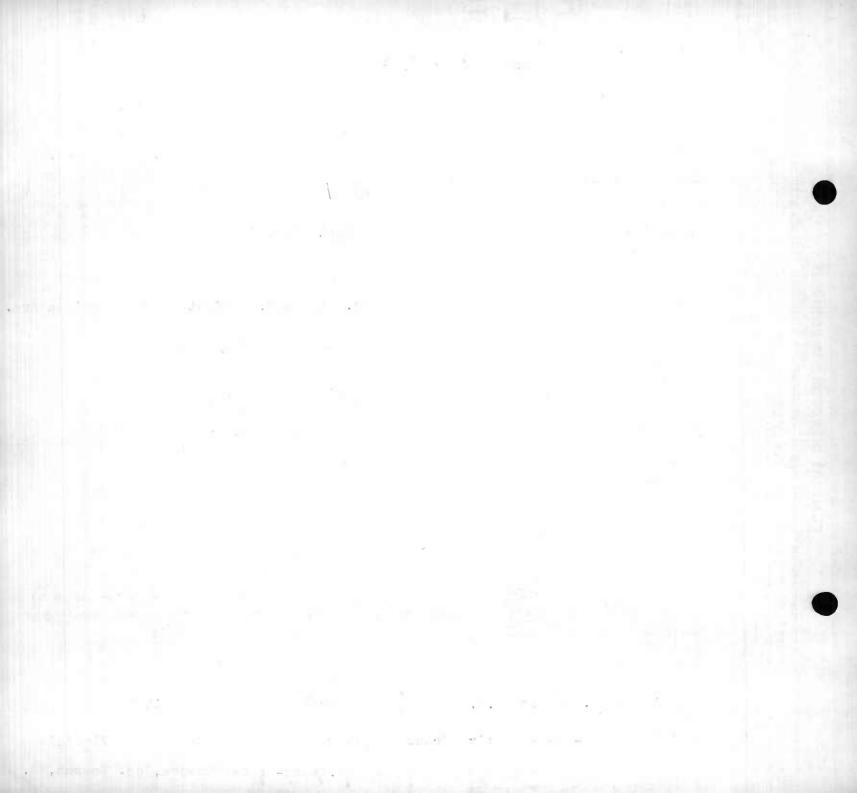
16-2 / V 9-21 43 660 437 Come a while Maryland Howard Lema Itelacounty Harry Arendon Birth Alain . M. Andrew . Responsibly for live cerebro vayerlar amis. Statutes marketon while the training tracking al

BALTIMORE CITY HEALTH DEPARTMENT

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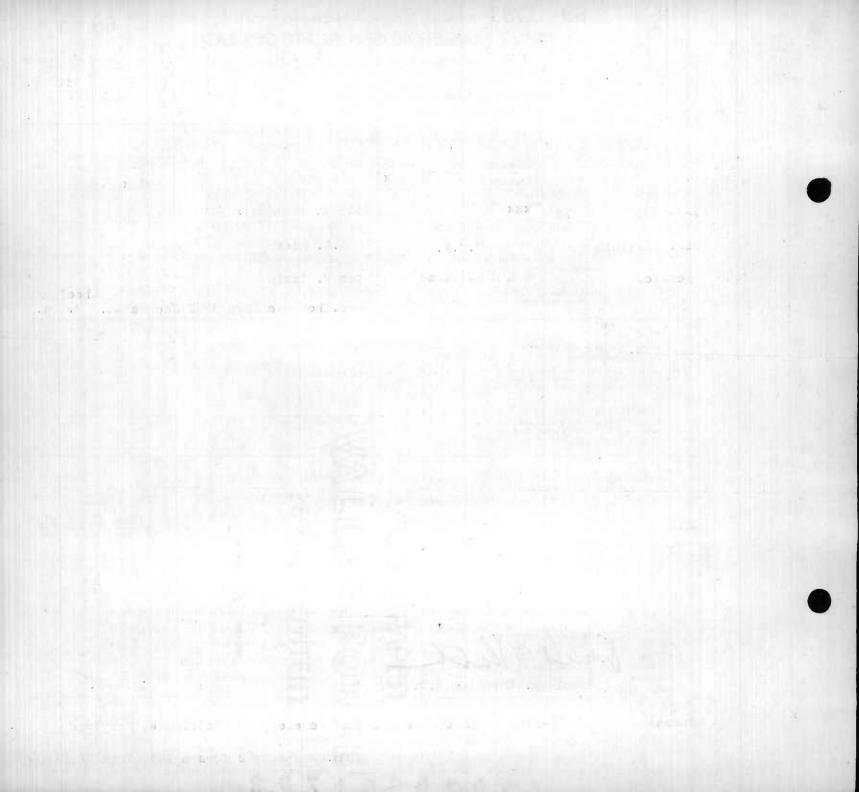
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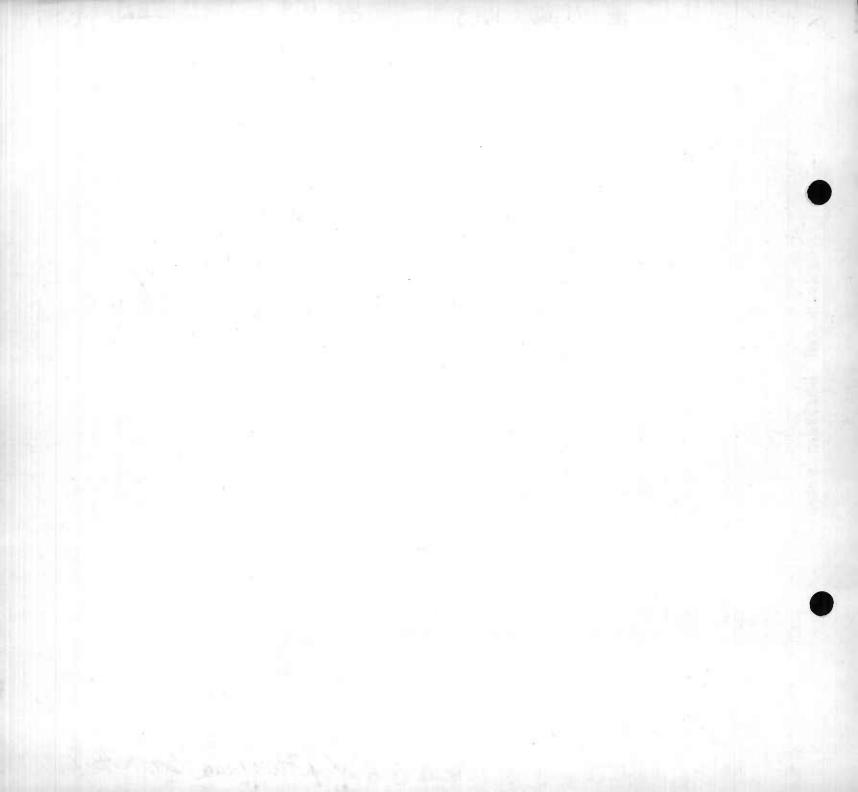
| 1 | 69 1793 BALTIMORE CITY HEALTH DEPARTMENT | 69 1793 | | | |
|-------|--|--|--|--|--|
| R-200 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | |
| | 1. NAME OF DECEASED (Type or Print) RAYMOND RICE 2. DATE Known Month Doy OF DEATH Estimoted February 14 | ,1969 Hour 12:20 Pm | | | |
| 35 | 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE Month Doy PRONOUNCED DEAD February 14 | | | | |
| 99 | CHURCH HOME AND HOSPITAL (DOA) S. USUAL RESIDENCE (Where deceosed lived. If institution a. STATE Maryland B. COUNTY | 3-01 | | | |
| | Male White Raltimore | YES NO | | | |
| | 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 78 X Months, Doys, Hours, Min. 7-7-1896 10. AGE (In years Months, Doys, Hours, Min. 1505 E. Baltimore Street | NO L | | | |
| | 11. BIRTHPLACE (Stote or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME A.L. Rice | | | | |
| | 14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Retired B & O Railroad Ida V. Irvin | | | | |
| | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT Mrs. Theodore Carp 3503 Jaco | ADDRESS Wheeling, obs St. W. Va. | | | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. in meons the disease, injury or complication which coused death.) CAUSE OF DEATH Fatty metamorphosis of liver (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISEASE OR CONDITION LAST. | | | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | |
| | 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No) Yes (Partial) | | | |
| | 228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.) 229. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.) | xact location) | | | |
| | 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) m. WORK TO WHILE AT NOT WHILE AT WORK 23. | | | | |
| | Certify that I held on Inquiry Inspection Partial Autapsy X Ond that an this basis, death in my opinion resulted from: Natural courses Accident Suicide Homicide Undetermined monner | | | | |
| | ACTUAL SIGNATURE SIGNATURE SIGNATURE RAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER SIGNATURE STATEMENT SIGNATURE S | DATE SIGNED | | | |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tox REMOVAL (Specify) | wn, or county) (Stote) | | | |
| | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR | ADDRESS | | | |
| | Wm. Cook-Brooks Towson 105 | ou York Rd, 21204 | | | |

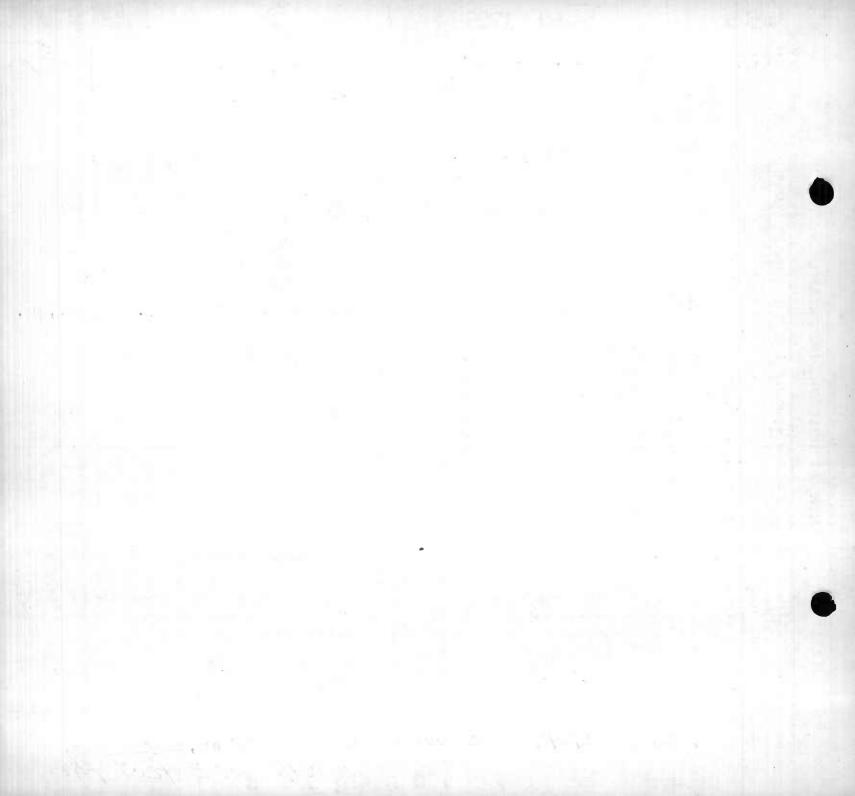
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BALTIMORE CITY HEALTH DEPARTMENT

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1798 BALTIMORE CITY HEALTH DEPARTMENT

| | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH |
|--|---------|-------------------|-------------|----|-------|
|--|---------|-------------------|-------------|----|-------|

| BIRTH NO. | REG. NO. |
|--|---|
| 1. NAME OF DECEASED (Type or Print) | 2. DATE Known Month Doy Yeor Hour |
| HELEN C. HAMMEL | DEATH Estimoted February 17, 1969 12:25 A.M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Year Hour PRONOUNCED DEAD |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADD RESS OR LOCATION) | February 17, 1969 12:25 Am |
| OR INSTITUTION | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| CHURCH HOME AND HOSPITAL (DOA) | A. STATE Maryland B. COUNTY 1 - 01 |
| 6. SEX 7. RACE B. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Female White WIDOWED DIVORCED | Baltimore VES NO |
| O DATE OF BIRTH | |
| March 15, 1918 lost birthdoy) 50 Months Doys Hours Min. | 406 S. Castle Street |
| 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| Baltimore, Maryland WHAT COUNTRY? | Frank Ustasiewski |
| 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR | Y 15. MOTHER'S MAIDEN NAME |
| done during most of working life, even if retired) Housewife Own Home | Rose Poterala |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | IB. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor ar dotes of service) | Mrs. Audrey Buzzuro 6043 Arizona Ave. |
| 19. // / 9 CAUSE OF DEA | |
| 7 / 3 / 7 | BETWEEN ONSET AND DEATH |
| DISEASE ON CONDITION DIRECTE | clerotic cardiovascular disease |
| LEADING TO DEATH (A) IMMEDIATE (| |
| heart tailure, asthenia, etc. It means the disease, | AS A CONSEQUENCE OF: |
| injury or complication which caused death.) | |
| ANTECEDENT CAUSES (B) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR | AS A CONSEQUENCE OF: |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| (c) | |
| OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | 2252141 4444 4444 4444 4444 4444 4444 44 |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. | AS PERFORMED 21. AUTOPSY? (Yes or No.) |
| Ö | yes |
| ₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., | in ar about 22C. WHERE DID (If in Boltimare City, give exact location) |
| UNDERLYING OR CONTRIB- | ce bidg., etc.) INJURY OCCUR? |
| UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| OF INJURY | T WHILE |
| m. WORK AT W | WORK U |
| 23. | atopsy 🖾 and that on this basis, death in my apinion |
| | |
| resulted fram: Natural causes XX Accident Suicio | de L Hamicide L Undetermined manner L |
| 1 12/1/1/ | CHIEF MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE A Crubel W Continue M.D. | ASSISTANT MEDICAL EXAMINER ARE |
| EXAMINER'S U | ASSOCIATE MEDICAL EXAMINER |
| NAME (Type) Ronald N. Kornblum, M.D. | 2/17/69 |
| 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY | ar CREMATORY 24D, LOCATION (City, town, ar county) (State) |
| Burial 2-20-1969 Holy Rosary | Baltimore County, Maryland |
| 25A DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| 10 1969 Mely E. Ferly | Lilly & Zeiler Inc. 1901-07 Eastern Ave. |
| | |
| VS 151-REV. 1/1/6B | 01707 |

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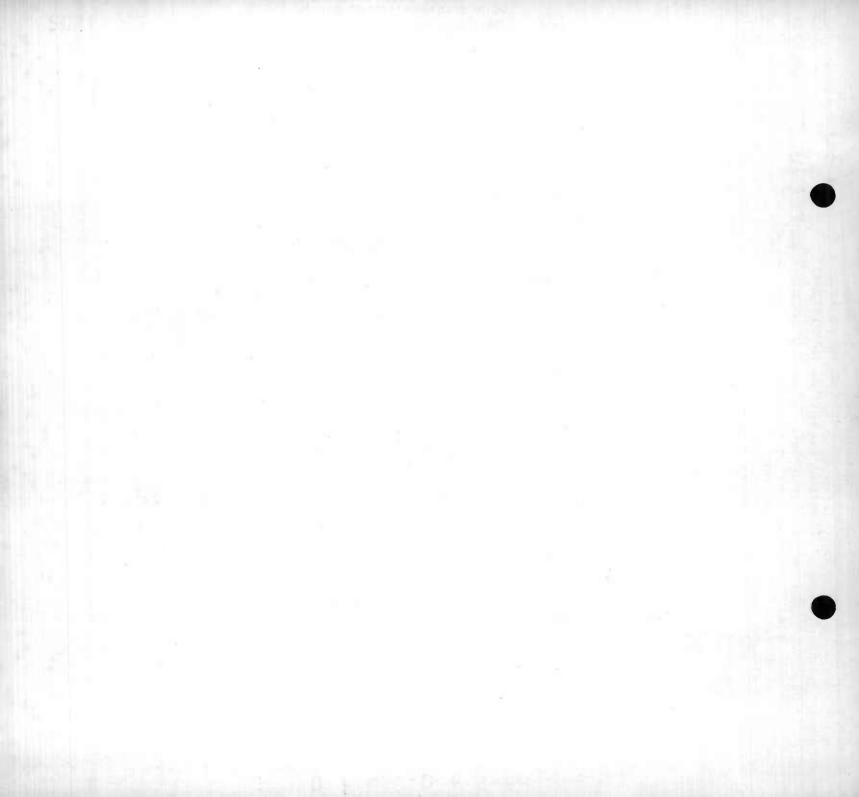
Some and my police 100 M. Brown Lawy Brillman Mill Day Mills I was to a General Same

69 1800 BALTIMORE CITY HEALTH DEPARTMENT

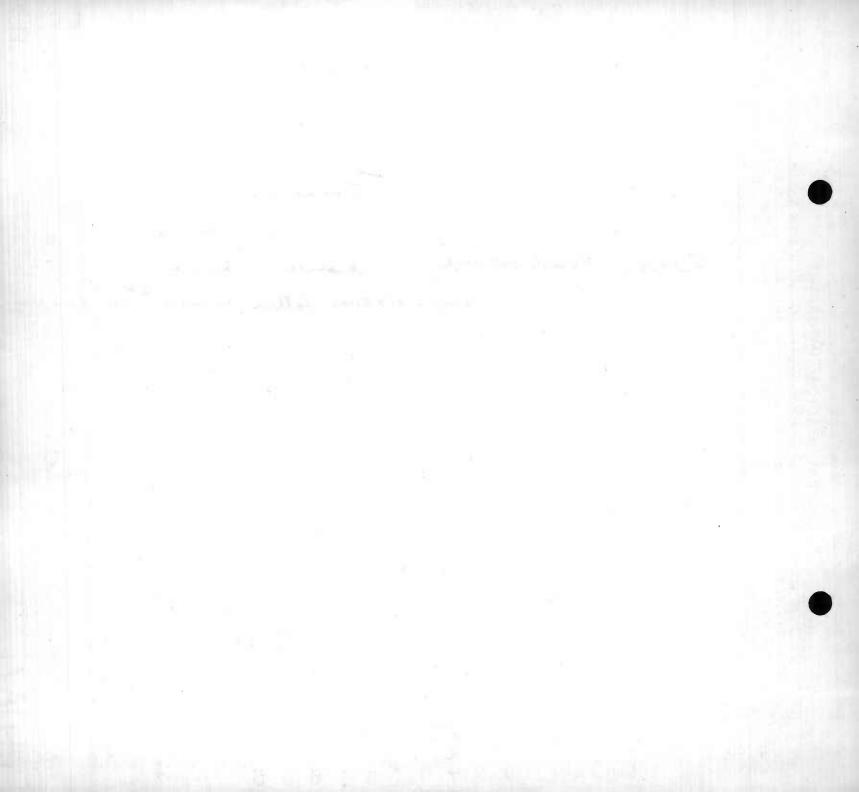
| MEDICAL EXAMINER'S C | CERTIFICATE OF DEATH REG. NO | 69 1800 |
|--|---|-----------------------------|
| . NAME OF DECEASED | 2. DATE Known Month Doy | Yeor Hour |
| Type or Print) | OF THE 2 3E | 1969 4:45 PM |
| Albert Williams PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy | Yeor Hour |
| ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION | PRONOUNCED DEAD 2 15 5. USUAL RESIDENCE (Where decrosed fixed. If institution: | 1969 4:52 PM |
| 4 Union Memorial Hospital | A. STATE Maryland B. COUNTY | 12-05 |
| M White WIDOWED DIVORCED | C. CITY OR TOWN Baltimore D. INSIDE CITY | |
| Nov. 22, 1882 10. AGE (In yeors lost birthdoy) Months, Doys, Hours, Min. | E. STREET AND NUMBER 1824 St. Paul Street | |
| 1. BIRTHPLACE (Stole or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME Wills | ome |
| 4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) | 15. MOTHER'S MAIDEN NAME | allis |
| Bell Molder Retired Bell CC 6. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL] | | DRESS |
| Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. | | |
| NO 218 05 9900 A | Mrs Edith R. Parker 201 | E. F'ederal S |
| heori foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) | AS A CONSEQUENCE OF: | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | | |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA | AS PERFORMED | 21. AUTOPSY? (Yes or No) NO |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | in or obout 22C. WHERE DID (If in Boftimore City, give exoct e bldg., etc.) | locotion) |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (Approx) | WHILE ORK | |
| ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz M.D. | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | DATE SIGNED 2/16/1969 |
| NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2/19/69 Loudon Park | | |
| 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | | DRESS |
| FEB 1 & 1969 (7 0 1- 2 Follow | Henry Sander & Sons I | ne. |
| 'S 151-REV. 1/1/68 | Baltimore Maryland 21 | 213 |

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and the state of the part beatterness to thorough 2201 Withe ALE hs h8/8/4 mailes VIRGINIA LAWRE Acop AMANDA PETERLO HOCHERINO / HOMEN -S. I dept Heunstann F. Interal Stylical House 2 Febt 9 100p ad 1466p Edward P. Lather enverset of theyland the







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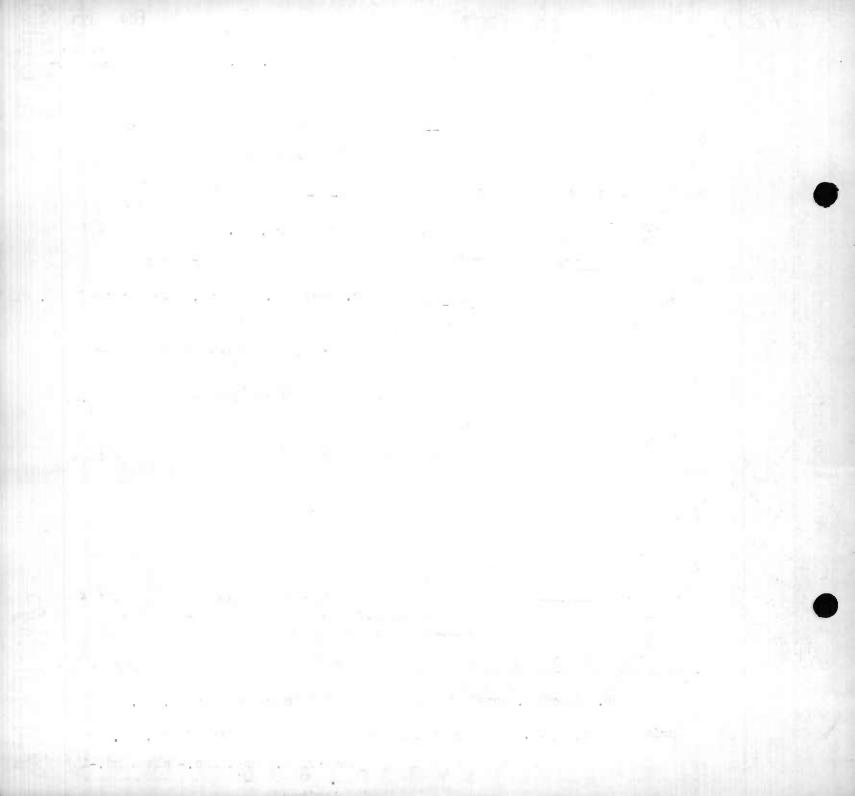
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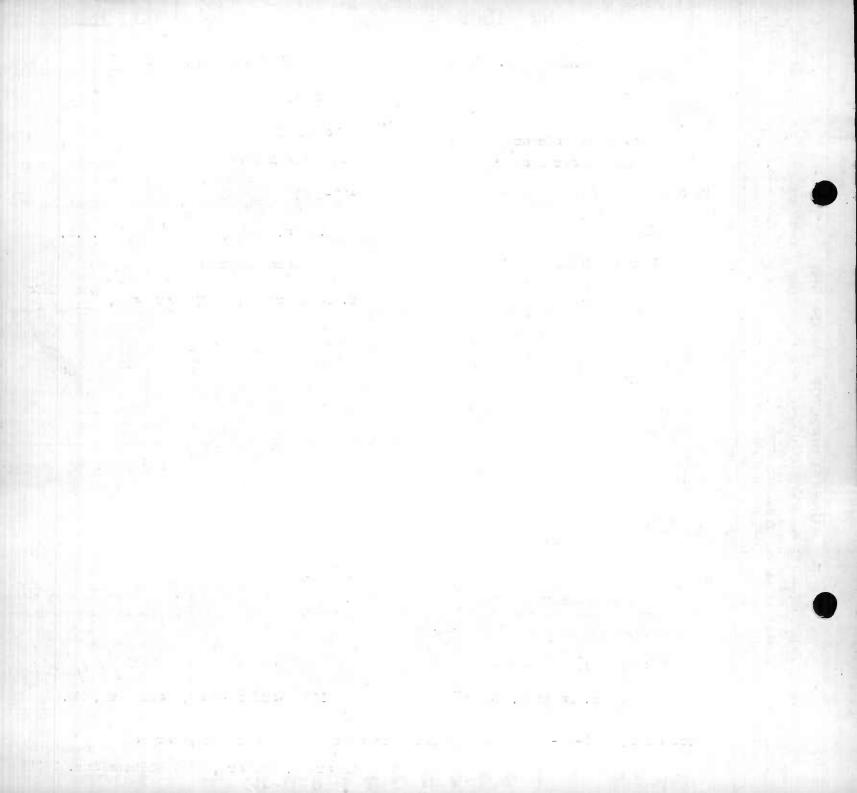
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VS 150-REV. 1/1/68

| | | "Saleta | BALTIMORE CITY | HEALTH DEPARTMENT | | CO 4040 | |
|--|---|-------------------------|---|---|--|--------------------------------|------------|
| BIRTH NO. | 69 | 1810 | CERTIFICA | TE OF DEATH | REG. NO | 69 1810 | |
| 1. NAME OF | | | | | AND HOUR OF DEATH | | |
| (Type or Print) | MARCELLI | NA D. SI | HORT | | 14, 1969 | 1 | |
| 3. PLACE IN | BALTIMORE, MARYLAND, W | HERE PRONO | JNCED DEAD | 4. USUAL RESIDENCE (W. A. STATE B. COL | here deceased lived. It is | nstitution: residence before o | odmission) |
| FULL NAME HOSPITAL O INSTITUTION | R ADDRESS OR LOCA | AL OR INSTITU | JTION, GIVE STREET | Maryland c. CITY OR TOWN | D. INS | IDE CITY LIMITS? | |
| - a | | | | Baltimore | | YES X NO | |
| 37 | Provident Hosp | ital | | E. STREET AND NUMBER | Lan Danie | | |
| 5. SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | 3529 Lynches | | If Under 1 Yr If Under | er 24 Hrs. |
| Female | Colored | WIDOWED | | Jan. 25, 1887 | 9. AGE (in years last birthdoy) 82 | Months Days Hours | Min. |
| IOA. USUAL C | CCUPATION (Give kind of work | 108, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fo | teion country) | 12. CITIZEN OF WHAT | COUNTRY |
| Housew | st of working site, even it refired) | | | Charles Co., | | U.S.A. | COOMIKI |
| 13. FATHER'S | NAME | | | 14. MOTHER'S MAIDEN N | AME | | |
| Joseph | h Dobbins | | | Alice Bruce | | | |
| 15. Was Decer | used Ever in U. S. Armed Fore | ces? s of servicel | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | |
| No | | | | Anita & Who | 2520 | Tomobouton Da | , |
| 18. | 0 4L VI | | CAUSE OF DEATH | H WILLS WILE | atley - 3529 | Lynchester Rd | NTERVAL |
| DIS | EASE OR CONDITION DIR | ECTLY | | - | 1 | BETWEEN ONSET A | ND DEATH |
| | LEADING TO DEATH | | (A)IMMEDIATE CAU | SE Ortespordond | TO CASALO. | - 161 | 1 |
| heort loils | ure, asthenio, etc. It means | the disease. | DUE TO, OR AS | A CONSEQUENCE OF | a - www. | | |
| injury or | injury or complication which caused death.) Vareular - Irlune distant | | | | | | |
| | ANTECEDENT CAUSES | | | | | | |
| DISEASES | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| UNDERLY | ING CONDITION last. | sloling the | (c) | | | | |
| | 11 | | (0/ | | | | |
| OTHER SIG | NIFICANT CONDITIONS CON | E TERMINAL | | | | | |
| DISEASE O | OF OPERATION 198 CONE | 1 (A). | HICH OPERATION | 1204 411700000 (Vo. o. h | Jay 200 18 850 14650 | | |
| = | MAS PERFO | ORMED | | 20A. AUTOPSY! (Yes or h | IN CERTIFYING CAL | INDINGS CONSIDERED | |
| OR CONTI | DENT WAS UNDERLYING THE RIBUTING CAUSE OF DRIFT medical examined | 218, 1 home eic.) | PLACE OF INJURY (e.g., in form, factory, street, off | or about 21 C. WHERE DID fice bldg., INJURY OCCUR? | (If in Boltimore | e City, give exoct location) | |
| OF INJUR | (Monthi (Doyl (Year) | (Hour) 21 E | INJURY OCCURRED | 21 F. HOW DID IN | JURY OCCUR? | | |
| (APPROX) | | White | Not While | | | | |
| 22. I cert | ify that (I) (this hospital) | attended the | | 2.11. | 1969 to 2 | . 14. 10 | 601 |
| | (s) lost sow the deceased | | 2.14. | 10 | | nion death accurred on | 69 |
| | ond from the couses state | | | / | | non death occurred on | the dote |
| 23A. SIGN | ATURE | C 000101 (1) | (are) (ara) (ara not) VI | ew the body offer death. | • | 23 B. DATE SIGNED | |
| | Cenar | J. C. | Atter Phys. | Med. Director | Shaff Phys. | 2,67,6 | 9 |
| 23C. PHYSI NAM | CIAN'S E (Typel S. D. OA | RR. | M.D. 2 | 3D. ADDRESS 1427 MA. | | | - |
| 24A. BURIAL C | REMATION, 248. DATE | 24C. NA | ME of CEMETERY of CRE | MATORY 24D. | LOCATION (City | y, town, or county! | (Stole) |
| Buria | - 1220 66 | | w Cathedral | in the second of | | | |
| | | 25B, NAME OF | REGISTRAR | 25C. FUNERAL DIRECTO | Baltimore, Ma | ADDRESS | |
| | MER TO IRDR (| K. Dog. ET. | E. Johnson | Charles R. L | aw 802 Madis | son Ave. | |



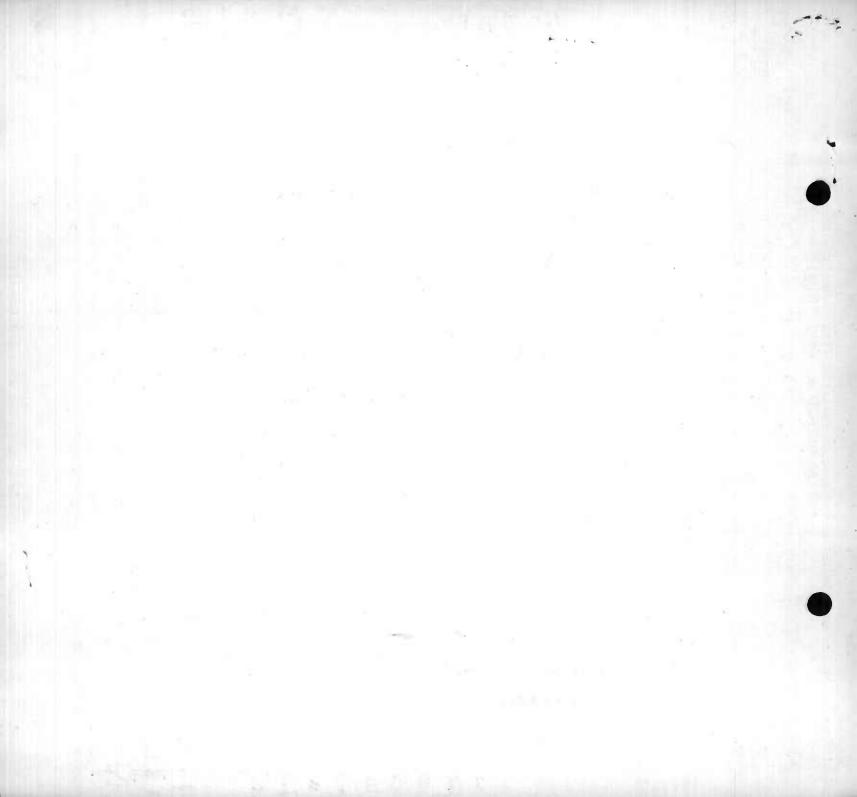
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IMPORTANT

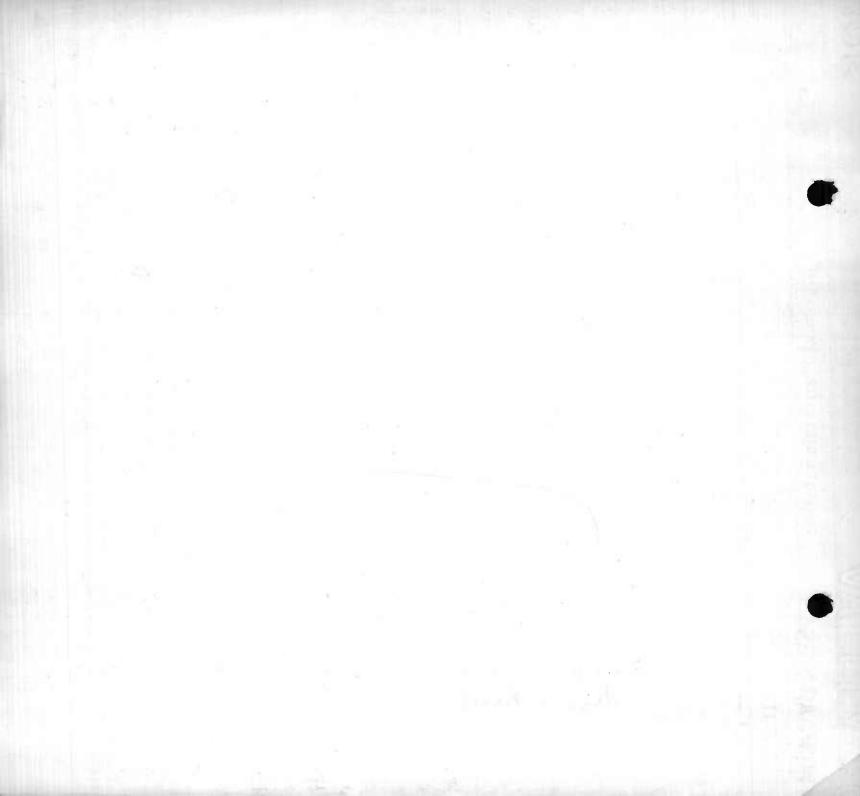
| 6 | 9 1811 CERTIFICA | Y HEALTH DEPARTMENT | 69 1811 |
|--|--|--|---|
| BIRTH NO. 1. NAME OF DECEASED | CERTIFICA | ATE OF DEATH | |
| (Typo or Print) | 1 51/35 | 2. DATE AND HOUR OF DEAT | Н |
| EARL I. P. 3. PLACE IN BALTIMORE MARYLAND, W | AKKEK | Feb. 15, 1969 | |
| The state of the s | THERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived, If | institution: residence beloro odmission |
| FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOC | AL OR INSTITUTION, GIVE STREET | Maryland | 15-11 |
| INSTITUTION ADDRESS OF LOC | A IION) | C. CITY OR TOWN D. IN | ISIDE CITY LIMITS? |
| 1/-3 | | Baltimore | YES NO |
| Sinai Hopp: | it al | E. STREET AND NUMBER | |
| 5. SEX 6. RACE | | 3813 Grantley Road | |
| 5. SEX 6. RACE | 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (in years lost birthday) | tf Under 1 Yr. Il Under 24 Hrs Months: Days Hours Min. |
| Male Colored | WIDOWED DIVORCED | March 27, 1912 56 | Addis Addis |
| 10A, USUAL OCCUPATION (Give kind of workdone during most of working life, even it retired) | 108 KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or loreign country) | 12. CITIZEN OF WHAT COUNTR |
| Plumber | Contractor | Baltimore, Maryland | U.S.A. |
| 13. FATHER'S NAME | 00.102.00.002 | 14. MOTHER'S MAIDEN NAME | 0.5.A. |
| T | | THE PROPERTY OF THE PROPERTY O | |
| Isaac Parker 5. Wos Deceosed Ever in U. S. Armed For | | Daisy Gaines | 200-20 |
| (Yes, no or unknown) (If yes, give wor or dote | ces? 1 6. SOCIAL s of service) SECURITY NO. | 17. INFORMANT | ADDRESS |
| No | | Elois Parker - 3813 Grant | ley Road |
| 18. 4. 10. 11 | CAUSE OF DEAT | H | APPROXIMATE INTERVAL |
| DISEASE OR CONDITION DIS | RECTLY | n made | BETWEEN ONSET AND DEAT |
| LEADING TO DEATH | (A)IMMEDIATE CAL | ISE Coronary Occlus | in I year |
| (This does not mean the mode of heart failure, osthenia, etc. It means | dving. e.g. | A CONSEQUENCE OF: | 4 |
| injury ar camplication which caused | death.) | to Start . | |
| ANTECEDENT CAUSES | Wo | ui almosis | ł |
| DISEASES OR CONDITIONS, if | any, giving (8) | A CONSEQUENCE OF: | |
| rise to the above cause (A) UNDERLYING CONDITION last | stating the | H &) - | |
| ONDERETING CONDITION last. | (c) | | |
| O OTHER SIGNIFICANT CONDITIONS COI | ALTO DUTING | | |
| OTHER SIGNIFICANT CONDITIONS COI | IF TERMINAL | | |
| IO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERF | I 1 (A). | 20A- AUTOPSY? (Yes or No) 20B, IF YES, WERE | |
| WAS PERF | ORMED | IN CERTIFING C. | FINDINGS CONSIDERED AUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING | 21 B. PLACE OF INJURY (e.g., in | n or obviet 21C WHERE DID | |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) | home, form, foctory, street, of | fice blyg INJURY OCCUR? | ore City, give exect location) |
| OF INJURY (Month) (Doy) (Yeor) | (Hour) 21 E INJURY OCCURRED | 21F. HOW DID INJURY OF CUR? | |
| (APPROX.) | While At Not While At Work | | |
| 22. I certify that (1) (this hospital) | | 3/10 196/10 | 2/15 |
| that (1) (we) last sow the decease | | / - | 7/13 1967 |
| | a dilita dii | ond that in (my) tourt op | Inion death accurred on the date |
| 23A. SIGNATURE | ed obove (1) (We) (did) (did nat) v | lew the bady after death. | |
| | 6 / 0 | nding Med. Staff | 23B DATE SIGNED |
| ·una | DEGREE Phys | Med. Stuff Phys. | 2/17/67 |
| PAME (Type) U. RAY | ITE M.D | 23D. ADDRESS - W. Worth. | anc 21216 |
| 4A. BURIAL CREMATION, 24B. DATE | 24C, NAME of CEMETERY of CRE | MATORY 24D. LOCATION (C | City, town, or county) (State) |
| Burial 2-19-69 | | | |
| | Arbutus Memoria | | |
| EEB 1 6 1969 A | O So Q An Compa | 25C. FUNERAL DIRECTOR Charles R. Law 802 Mad | ADDRESS |
| EMBRID & V 1000 (1 | D. Maria Z.) Cor A CLEARING | CHOTTED V. TOM OUT MIGO | TPOU WAGUIG |

| 1236 | 69 1812 BALTIMORE CITY HEALTH DEPARTMENT |
|---|--|
| and eath ased the Such | BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 1812 |
| deat deat ease n th | 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH |
| F 0 0 0 1 | Blanche Foster 2-16-69 5:45 A. |
| nospita se of (5) Dec ance o | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission by the control of the control |
| | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland 13-03 |
| c 32. | rovident nospital |
| ed in a oring cause; d cause; r aftend prior to | E. STREET AND NUMBER |
| ar de. | Baltimore, Maryland 21217 2341 Madison Ave. |
| tribu mine gular sed | 3. SEA 16. PACE 17 |
| | Female Negro WIDOWED DIVORCED 0.5 03 Cost birthday) Months Doys Hours Min. |
| | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR |
| T if death irect or c (4) Undet was in the decisposition | TT TO THE TOTAL TOTAL TO THE TH |
| de Curas | HOUSEWITE Lancaster, S. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| rif dear rect or (4) Und was i the de | |
| ant if directly with w | Mr. Isaiah Thompson Daisy |
| istant he di kind; death ce on | 15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (hus band) ADDRESS |
| W 41 - C | No 216-16-0698 Mr. Junious Foster 2341 Madison Ave. |
| PO if any cod ndar | 18. 43/9 APPROXIMATE INTERVAL |
| ner or his arer. Also, if cture of any pronounced lar attendant had not believed to be a second | DISEASE OR CONDITION DIRECTLY |
| Also oun | I SADIMO TO DOATH |
| | heart failure, ostherio, etc. It means the discose |
| TOR: I | injury or complication which caused death.) |
| D Eintonge | ANTECEDENT CAUSES |
| birector: cal examiner s; (3) A fractu tian who pro sis in regular ins are emba | DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: |
| | HMDERIVING COMPITON 4 |
| RAL DIR f medical medical e / burns; (3 physician ian was ir | ONDERLING CONDITION last, (C) |
| Medica medica edical burns; hysicia n was | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| RA Hangara | TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED |
| chie Chie Body the the ysic | Yes PERFORMED Yes IN CERTIFYING CAUSES OF DEATH? |
| F 50 5 5 40 | CONTRIBUTION OF THE PROPERTY O |
| FUI ved by the cl hospital by nature; (2) B ept where tl d (6) No phy | OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg. INJURY OCCUR? |
| Q. g. z ≥ . b | 21D. TIME (Month) (Day) (York (Ward 235 IN(U.S.) o. C.) |
| ed Tosp ature (6) | OF INJURY (APPROX.) |
| proved by the hospin ny nature except w and (6) I | |
| # + F 0 0 | 22. 1 certify that (1) (this hospital) ottended the deceased from 2-3- 19 69 to 2-16- 1969 |
| | that (1) (we) last saw the deceased olive an 2-16- 19 69 and that in(my) (aur) apinion depth occurred on the date |
| 0 to 6 to 1 | ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. |
| must be eleased ccident a hospit to deat | 23A. SIGNATURE |
| must eleas ccide r hos to de | Attending Med. Shiff M |
| ac ac | 23C. PHISICIAN'S NAME (Type) 23D. ADDRESS Director Phys. |
| was r An a L at prior | |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER AS CREMATORY |
| F# 00 - | D |
| | 25A DATE SECO BY HEALTH DATE OF THE PROPERTY O |
| This the bashow was was dece | ADDRESS |
| F + 4 > 0 > | Charles R: Law 802 Madison Ave. |





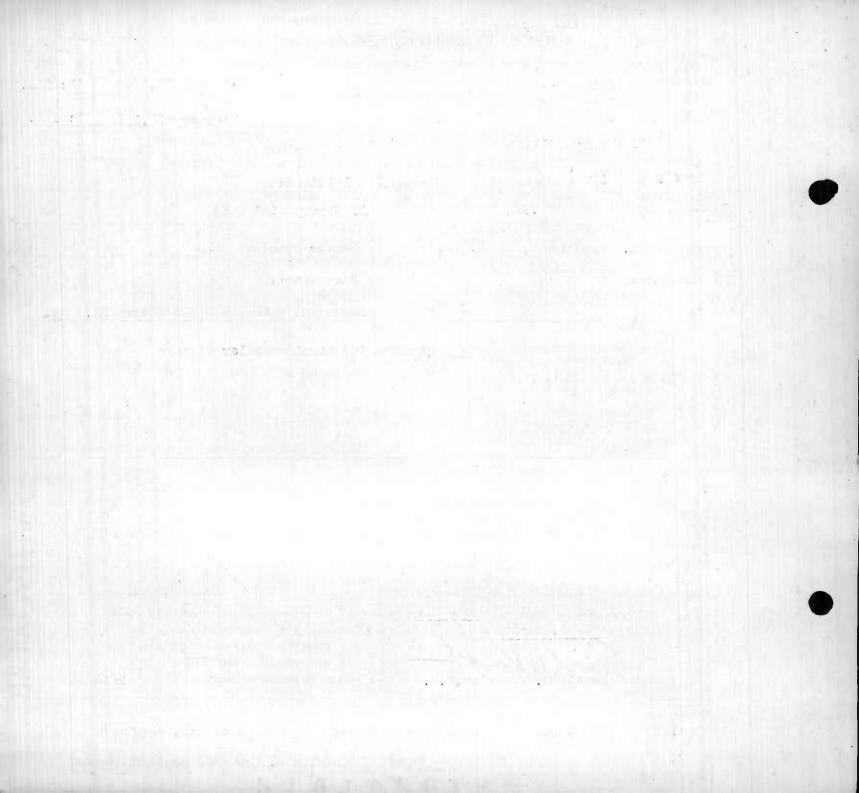
| 1-1-0-1 | BALTIMORE CITY HEALTH DEPARTMENT | 1 |
|--|--|--------|
| TERRE | BIRTH NO. 68-6527 69 18:14 CERTIFICATE OF DEATH REG. NO. | |
| and eath ase the the | 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH; | |
| _ 70 0 5 | (Type or Print) MICHELLE A. PARKER 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere decessed lived. If institution: residence before odmi | M. |
| hospita se of (5) Dec ance o death. | of the state of th | 3 |
| ho dar dar | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY BALTIMORE, M.D. C. CITY OR TOWN PALTIMORE YES NO C. STREET AND NUMBER OF STREET AND STRE | 1 |
| use ca | BALTIMORE YES NO | |
| ting d cat | UNION MEMORIAL HOSP. E. STREET AND NUMBER 306 W. 28th SPREET | |
| To e la la | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr., If Under 2. Months; Days Hours; N. | 4 Hrs. |
| occur ntrib rrmin egul | F N WIDOWED DIVORCED 4/9/68 10 nions. 10 41 | |
| 0 0 - 0 - | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COL | JNTRY? |
| deag Und as i | BALTIMOLE USA. 13. FATHER'S NAME | |
| if death rect or c (4) Under was in the dece | | |
| - to e c ? | 15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS | |
| TAN istar he d cind deat | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | |
| IMPORTA This assista Also, if the cotany kin | Carolyn Rosber Parker - 306 W. 28th St. | |
| AP his | DISEASE OR CONDITION DIRECTLY | le |
| 040-05 | (A) IMMEDIATE CAUSE CALCULAR ARTAST SMULLE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: | res |
| R: Ger. Ctur | heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) | |
| O Francis | ANTECEDENT CAUSES (8) Preumonia Lwelks | |
| EC Xar Xar V V | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: Rise to the obove couse (A) stating the RAPTH | |
| DIRECTOR cal examine st (3) A fract itan who pr is in regula | UNDERLYING CONDITION last. (c) Werding Hoffman Dislase. BINTH | |
| dice di con la contra c | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| RA me me by by | ☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. | |
| UNER chiefing by a m Body the p | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | |
| 0 = 1 - 0 - 0 | ON CONTRIBUTION OF INJURY (see, in or obout 21 G. WHERE DID (If In Baltimore City, give exact location) | |
| tal tal her No p | OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR? | |
| d by | 21D. TIME IMonth) IDoy) IYeor) IHour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| d b d | Work At Work | 1- |
| the the any any and any any any and any | 22. I certify that (I) (this hospital) attended the deceased from tell 19 69 to fell 15 19 | 94. |
| to to of a life (| that (1) (we) last saw the deceased alive an | e dote |
| a p + + to to | ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE | |
| 2000 | annelle Finkel, UD. OFGBER Phys. Attending Med. Director Phys. & 766,69 | |
| -000 | 23C. PHYSICIAN'S NAME (Type) | |
| certificate sody was r vs. (1) An ac D.O.A. at a | MNNETTE LINKEL OEGREE Union Meniorial Hospital. | |
| EASOS S | 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (County) (State of Cemetery of Crematory) (State of Cemetery of Crematory) | tote) |
| This certi the body shows: (1 was D.O. deceasec | Burial 2-19-69 Arbutus Memorial park Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAK MEMORIAL DIRECTOR ADDRESS | |
| This certi the body shows: (1 was D.O. deceased | Charles R. Law 802 Madison Ave. | |
| | VS 150-REV. 1/1/68 | |



69 1815 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH |
|---------|-------------------|---------------|---------------|
| | | OF1/11110/11E | OI DE/ III DE |

| | 63 | | BALTIMORE CITY HE | | | . 6 | 9 1 | 815 |
|--|--|----------------------------|---|--|------------------|------------------|------------------|---------------------------------------|
| | ME | DICA | L EXAMINER'S | CERTIFICATE OF | DEATH | REG. NO | 0 1 | 0.2.0 |
| BIRTH NO. | EASED | | | 2. DATE Knawn | Manth | Day | Year | Hour |
| (Type or Print) | | | | OF DEATH Estimoted | | ry 14,1 | | 12:05 A. |
| 4. PLACE IN BALT | TIMORE, MARYLAND, | | PRONOUNCED DEAD | 3. DATE | Manth | Day | | Haur |
| FULL NAME OF HOSPITAL | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | | | PRONOUNCED DEAD | Febru | ary 14. | 1969 | 12:05 A M |
| OR INSTITUTION 92 | 5 Cherry Hi | 11 Ro | ad | 5. USUAL RESIDENCE (Where A. STATE Maryland | e deceased live | | | are admission) |
| 6. SEX | 7. RACE | 8. MAR | RIED NEVER MARRIED | C. CITY OR TOWN | 1 | D. INSIDE CITY | Y LIMITS? | 32 600 |
| Female | Negro | | WED DIVORCED | Baltimore | | YES | | · 🗆 |
| 9-10-1922 | 11 111 1 | (In years | If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. | E. STREET AND NUMBER 925 Cherry Hill | Road | | | |
| 11. BIRTHPLACE (S | tate ar fareign cauntry) | | 12. CITIZEN OF | 13. FATHER'S NAME | | | | |
| Baltimor | e, Maryland | | WHAT COUNTRY? | George Dougla | as | | | |
| 14A.USUAL OCCUP | | | D OF BUSINESS OR INDUSTRY | 15. MOTHER'S MAIDEN NA | | | | |
| Housewif | | 1 | | Mary Spears | | | | |
| | ED EVER IN U.S. ARMI | | S? 17. SOCIAL | IB. INFORMANT | | ADD | DRESS | |
| No | | | e) 2145E30-14321 | Robert C. Robe | erson - | 925 Che | | |
| 19. | 2 1/ | | CAUSE OF DEA | тн | | | | OXIMATE INTERVAL N ONSET AND DEATH |
| (This daes no heart failure, | E OR CONDITION DIR LEADING TO DEATH of meon the made of a asthenia, etc. It means the application which coused d | dying, e.g. ne disease, | (A)IMMEDIATE O | nsive cardiovasc :AUSE AS A CONSEQUENCE OF: | ular di | sease | | |
| DISEASES C RISE TO THE UNDERLYIN | NTECEDENT CAUSES DR CONDITIONS, IF AR ABOVE CAUSE (A) ST IG CONDITION LAST. | ATING TH | (C) | AS A CONSEQUENCE OF: | | | | |
| TO THE DEA | IFICANT CONDITIONS (ATH BUT NOT RELATED T CONDITION GIVEN IN | O THE TER PART 1 (A | MINAL | | | | | |
| 20A. DATE OF | OPERATION 20B. CO | NOITION | FOR WHICH OPERATION W | AS PERFORMED | | | 21. AUTOPS no | SY? (Yes ar Na) |
| UNDERLYING | NAL CAUSE WAS OR CONTRIB- USE OF DEATH. | | 22B. PLACE OF INJURY (e.g., hame, farm, factory, street, offic | in ar abaut 22C. WHERE DID e bldg., etc.) | (If in Boltimore | City, give exact | locatian) | |
| 22D. TIME (OF INJURY (APPROX.) | Month) (Day) (Ye | ar) (Ha | | WHILE OOK | JURY OCCUR | ? | | |
| 23. | | | п п. | | | -1. | | |
| | ify that I held an | | | | | | plnion 1 | |
| result | ed from: Noturol co | uses X | Accident Suicio | le Homicide CHIEF MEDICAL E | Undetermine | ed manner L | J | |
| ACTUAL | 11.11 | 21/ | a Man | ASSISTANT MEDICAL F | | xx | D | ATE SIGNED |
| SIGNATU EXAMINE NAME (T | ER'S Ronald N | V. Ko | rnblum, M.D. | ASSOCIATE MEDICAL E | | | 2/14 | /69 |
| 24A. BURIAL CREM REMOVAL (Specifi | MATION, 24B. DATE | | 24C. NAME of CEMETERY | | LOCATION | (City, tawn, | or county) | (State) |
| Burial 25 A. DATE REC'D | 2-18- | | Baltimore Na | tional 25C. FUNERAL DIRECTO | | re, Mar | yland DRESS | |
| 6 | FB 10 1909 | 020 | 15 8 Farbura | Charles R. L | Law 802 | Madiso | n Aven | űe |
| VS 151-REV. 1/1/68 | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | 1 | 1000 | 0 1 0 1 4 | | | | 1 |



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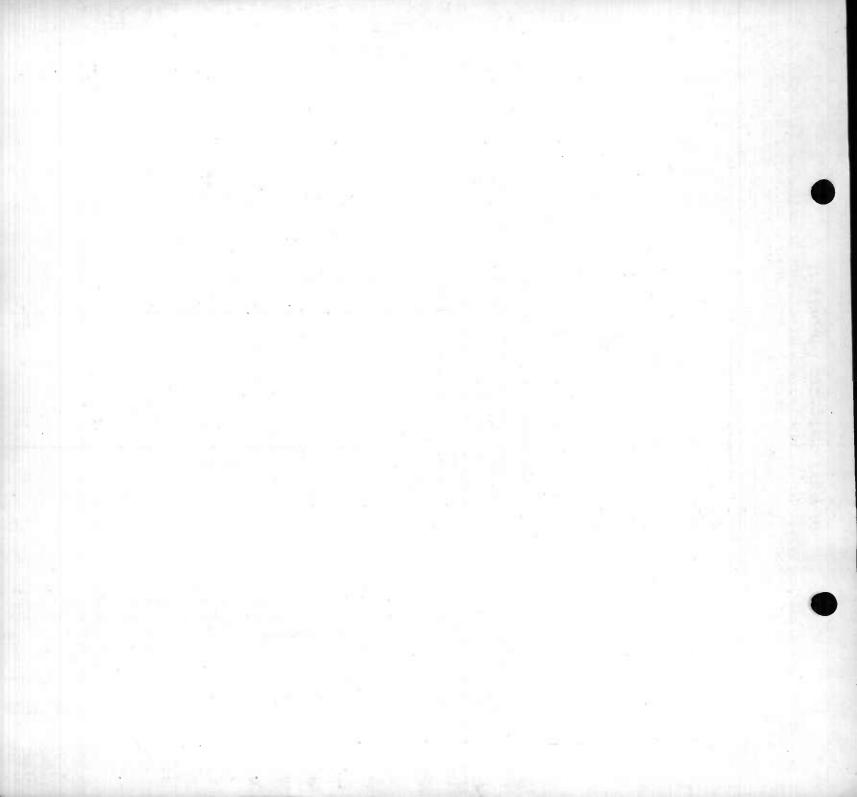
69 1816 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 68 | 9 | 1 | 8 | 1 | 6 |
|----|---|---|---|---|---|
| | | | | | |

| BIRTH NO! | 70352 | TCAL LAAMIINER 3 | | REG. NO | |
|---|--|---|--|-----------------------------------|--|
| 1. NAME OF DECEASED (Type or Print) ORLANDO BARNEY | | | 2. DATE Known DEATH Estimoted | February 14,1 | 969 7:30 A. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | | | 3. DATE PRONOUNCED DEAD | Month Day February 14,1 | |
| or institution L | JTHERAN HOSPI | TAL (DOA) | A. STATE Maryland | deceosed lived. If institution: I | residence befare admission) |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED | | | C. CITY OR TOWN Baltimore | D. INSIDE CITY | |
| Oct, 2 | H 10.AGE (li 4, 68 last birthdo | | 3000 Walbrook A | venue | |
| Darten | State ar fareign country) | 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | ~ Halo | nan |
| | | 148. KIND OF BUSINESS OR INDUSTR | VIS. MOTHER'S MAIDEN NAM | Barrers | |
| | ED EVER IN U.S. ARMED (If yes, give war or dates | | 18. INFORMATIT | ADI | DRESS |
| 19.6 | et XI | CAUSE OF DEA | TH THE | nay , | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| (This does n | E OR CONDITION DIRECTION TO DEATH TO THE MODE OF DEATH TO THE MODE OF THE MODE | ing, e.g., DUE TO, OR A | tial Pneumonitis CAUSE AS A CONSEQUENCE OF: | (9011) | ************************************** |
| RISE TO THE UNDERLYIN OTHER SIGN TO THE DEJ DISEASE OR | OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO E CONDITION GIVEN IN PA | ONTRIBUTING THE TERMINAL ART 1 (A). | AS A CONSEQUENCE OF: | | |
| 0 | | NDITION FOR WHICH OPERATION W | AS PERFORMED | | yes (Yes or No) |
| UNDERLYING UTING CA | NAL CAUSE WAS ON CONTRIB- USE OF DEATH. | 228. PLACE OF INJURY (e.g., home, form, factory, street, offic | in ar about 22C. WHERE DID (Injury OCCUR? | if in Baltimare City, give exact | lacatian) |
| OF INJURY (APPROX.) | (Month) (Day) (Year | WHILE AT NOT | WHILE ORK | URY OCCUR? | |
| ACTUAL SIGNATU EXAMINI NAME (T | URE Ronald | | | XAMINER XXX | |
| 24A. BURIAL CREA REMOVAL (Specification of the control of the cont | WATION, 248. DATE (v) 2-18 BY HEALTH DEPT. | 24C. NAME of CEMETERY 269 Uchutus 258. NAME OF REGISTRAR | or CREMATORY 24D. L Mem. Sh. 4 250 FUNERAL DIRECTO | GEATION (City, town, | DRESS |
| 'S 151-REV. 1/1/6B | | Work at E. Jakey | - wungon | DANULEN ! | 2/11.// Ouls |

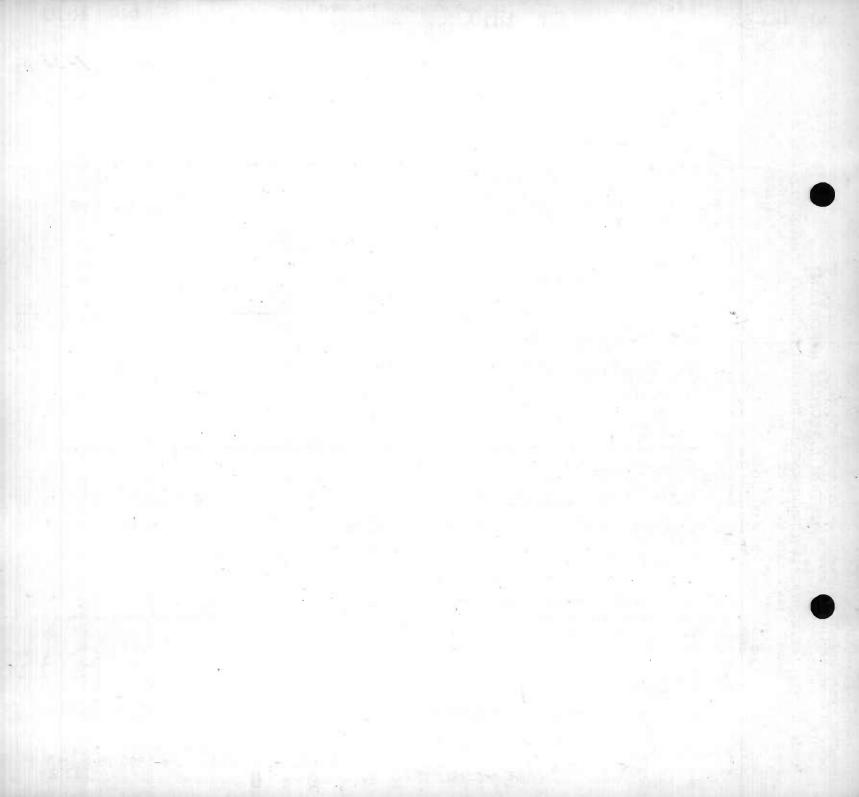
mides I had news by IMPORTANT

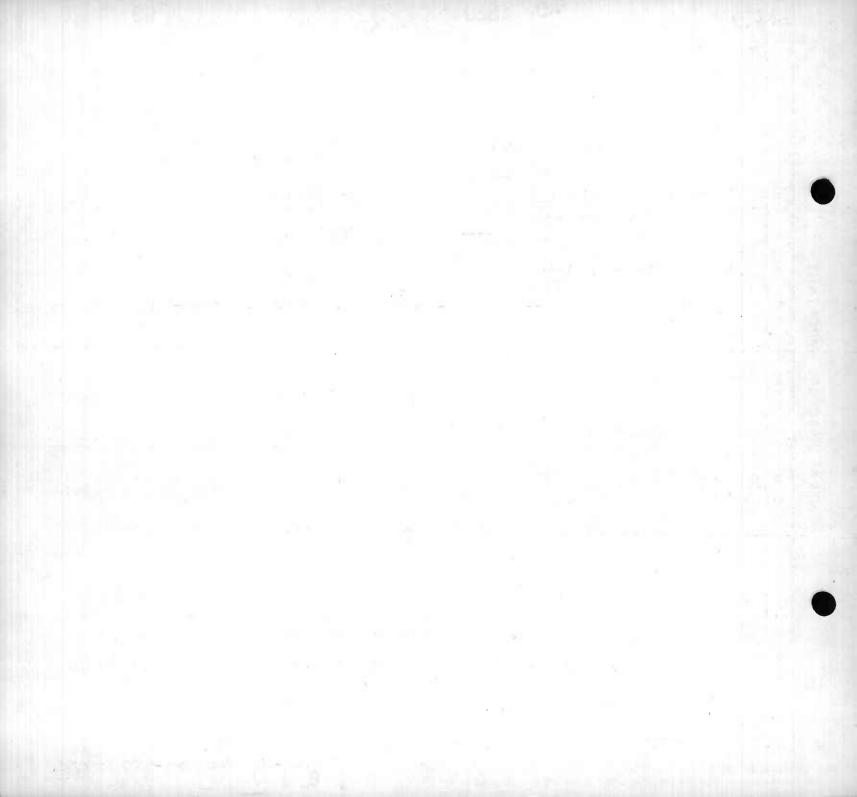
FUNERAL DIRECTOR:



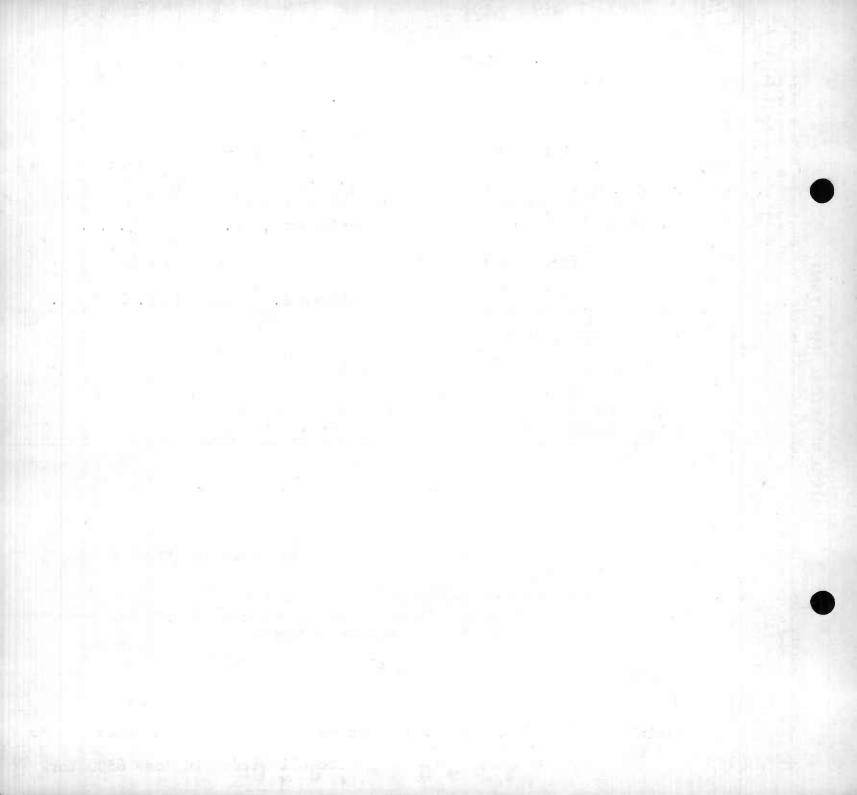
| 1-52 | 69 1818 BALTIMORE CITY HEALTH DEPARTMENT |
|--|--|
| pital and of death Deceased to on the | BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 1818 |
| 2 + 3 e a | 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH |
| - 5 6 G | LANG, MYRTLE AGNES FEB. 14, 1969 10:55 P. |
| hospital ise of d (5) Dece ance on | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence below a first |
| hospi use of (5) De ance deatl | A. STATE 8. COUNTY |
| hos use ; (5) | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND (F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [C. CITY OR TOWN ID INSTITUTION |
| in a ng caucause; | E E DAID AL E |
| ting d cau | ST AGNES HOSPITAL FERNDALE YES NO |
| O L | i 40 ANNAROLIS RIVE |
| ibu d | 3. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 14 Hadro 1 V. 16 Hadro 1 V. |
| NT E B S E | FEMALE WHITE WIDOWED IN DIVORCED 1 01 25 94 Ost birthday) Manths Doys Hours Min. |
| 00-0- | 10A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OF INDUSTRY 13 |
| or c ndet s in | done during most of working life, even if refired) HOLISEWIFE Dun Hame MARVIAND |
| | HOUSEWIFE DWN Home MARYLAND US A |
| rect (4) U war | 14. MOTHER'S MAIDEN NAME |
| T tip the sign | ROBERT SMITH (UNKNOWN) |
| TAN istant he di kind; death ce on | 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, giva war ar dates of service) SECURITY NO. |
| 2 :2 ± x 2 5:2 | TO 216-46-0027 ST AGNES RECORDS-CATON & WILKENS AVE |
| POI s as any ced | 18. APPROXIMATE INTERVAL |
| his of an order | DISEASE OF CONDITION DIRECTLY |
| Als Als | LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, |
| | (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, |
| a da | |
| E E E O DO | ANTECEDENT CAUSES Yulmanary embole sm. |
| EC | DISEASES OR CONDITIONS, it any, giving isse to the above cause (A) stating the |
| E _ 0 0 c.1 v | UNDERLYING CONDITION lost |
| LERAL DI nief medical a medical ody burns, ne physician sician was | |
| Medica burns; hysici n was | O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I O THE DEATH BUT NOT RELATED TO THE TERMINAL |
| S TEY GE | DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| FUNERA by a me 2) Body by c the phy physician ore the re | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 21A-ACCIDENT WAS UNDERLYING 1 23B PLACE OF INVESTOR 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NO NO |
| _ 4_0 F L# | On CONTRACTOR OF THE OWN OWN OF THE OWN OF THE OWN OWN OF THE OWN OF THE OWN |
| > ニッテフィ | O STATE OF THE OFFICE OF THE O |
| # 2 = + O • | OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? |
| | (APPROX.) |
| FECXEG | 22. I certify that (I) (this hospital) attended the deceased from FEB, 10 1969 to FEB, 14 1969 |
| of of all (h); | that (I) (we) lost sow the deceased alive on FEB 14 |
| O mag | and haur and from the causes stated above. (1) (We) (dld) (dld nat) view the bady after death. |
| ust beased dent ospiidea | 23A, SIGNATURE |
| must eleas ccide ccide to do | Altending Med. C Shiff the |
| | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS |
| certificate sody was r 7.5 (1) An at ased prior | A. SHAMS, M.D. ST AGNES HOSPITAL CATON & WILKENS AVE |
| | A. SHAMS, M.D. DEGREE ST AGNES HOSPITAL CATON & WILKENS AVE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 19wp. of county) (Stotal) |
| E-4000- | KEMOVAL (Specify) (Single) |
| | Burial 2/18/1969 Loudon Park Cemetery Baltimore, Maryland |
| This ce the boo shows: was D. deceas | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR SITES Home/Glen Burnie, Md. |
| | vs 150-Rev. 1/1/68 |

011 months F





VS 150-REV. 1/1/6B

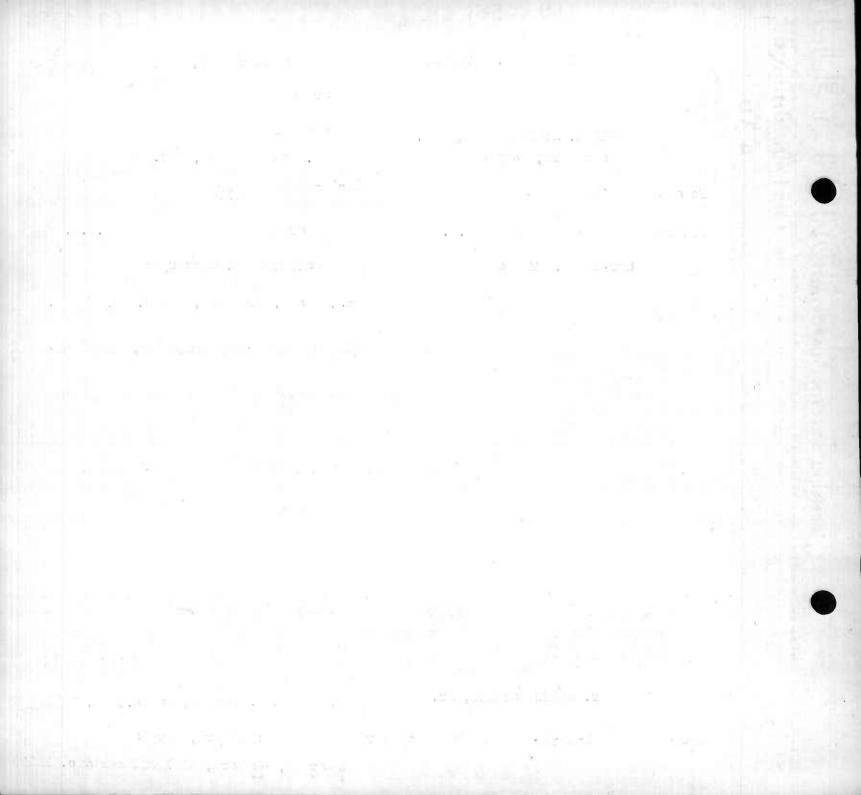




If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Catherine N. Ritterpusch ADDRESS Mrs. Eva D. Franklin, 416 N. Athol Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exect lacetlan) ond that in (my) (a) apinian death accurred an the date 23 B. DATE SIGNED Balto., Md. (City, town, or county) Baltimore, Maryland Howard H. Hobbard, 4107 Wilkens Ave. 21229

NO

VS 150-REV. 1/1/68

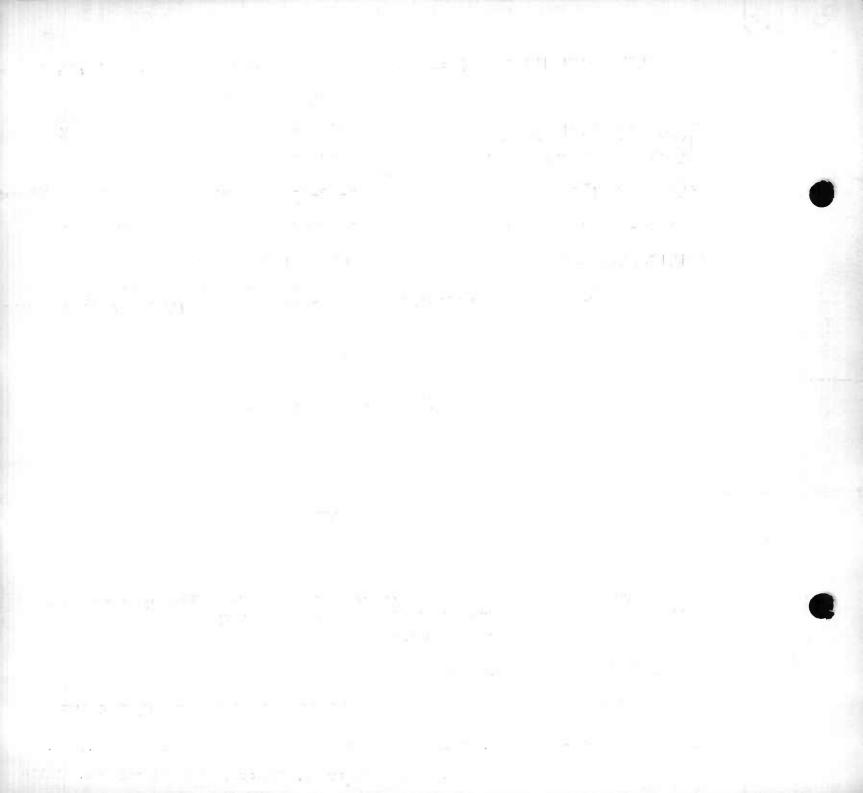


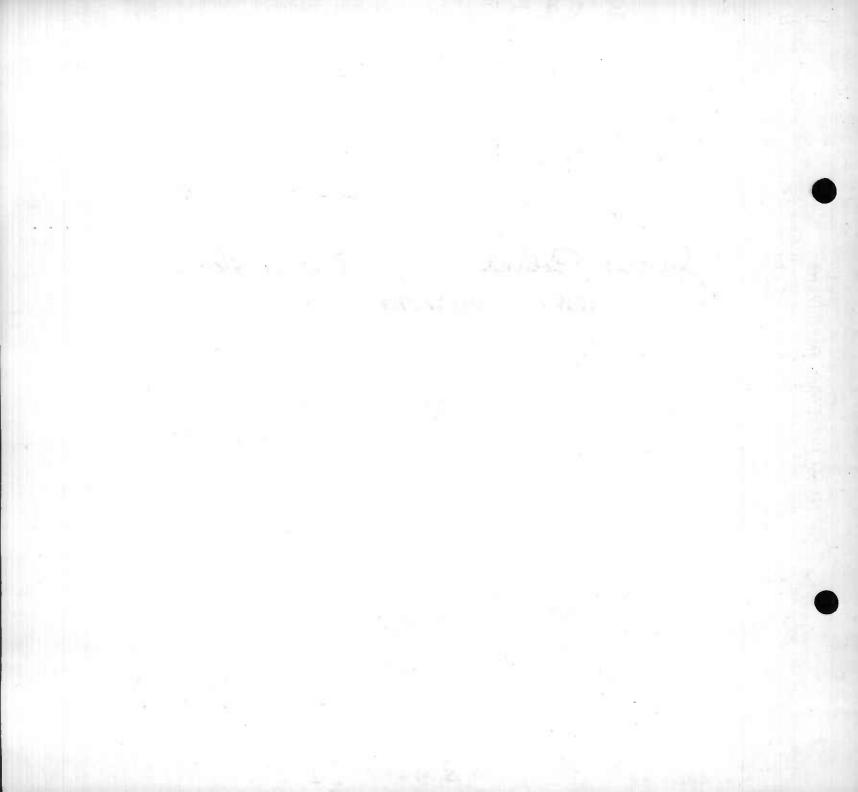
hospital

IMPORTANT

DIRECTOR:

FUNERAL





4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A, STATE
B, COUNTY HARFORDI D. INSIDE CITY LIMITS YES [NO I ROAT If Under 1 Yr. If Under 24 His. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? 4.5.A ADDRESS BECKELHEIMER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHR. CONG. HEART FAILURE 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) opinion dooth occurred on the dote written approval deceased (City, town, or county) (Stole) Harford Maryland Was ADDRESS Howard K. McComas & Son Abingdon, Md. VS 150-REV. 1/1/68



M-240

1827 BALTIMORE CIT

DIVORCE

MOSLEY

8. MARRIED NEVER MARRIE

If Under 1 Yr. If Under 2

SOCIAL SECURITY N

CAUSE O

(B)____

(c)____

22B. PLACE OF INJUR

home, form, foctory, stre

WHILE AT

Accident

268. NAME OF REGISTRAR

m. WORK

22E.INJURY OCCURRED

Inspection X Autopsy

NOT WHILE

AT WORK

Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

Months | Doys | Hours

12. CITIZEN OF WHAT COUNTRY?

| | CERTIFICATE C | OF DEAT | H REG. NO | 69 | 182 | 27 |
|--|--|--------------------|--------------------|--------------|-------------|--|
| Y | 2. DATE Known COF DEATH Estimoted | Month | Doy | Year | Hour | М. |
| DEAD STREET | 3. DATE PRONOUNCED DEAD | Month Februa | Doy | , , , , | Hour 11:3 | |
| | 5. USUAL RESIDENCE (W A. STATE Maryland | here deceosed li | B. COUNTY | 18 | fore odmiss | oion) |
| MARRIED . | C. CITY OR TOWN | | D. INSIDE CI | | | |
| DIVORCED L. If Under 24 Hrs. Hours Min. | | R | | s 😾 N | <u>о Ц</u> | |
| DF HNTRY? | 13. FATHER'S NAME | Saratoga Sungle | | | | |
| OR INDUSTR | 15. MOTHER'S MAIDEN | MAME 10 | , | | | |
| URITY NO. | Two go Mo | sley Gi | N W Sa | DDRESS, | SH | |
| (A)IMMEDIATE | osclerotic Card | liovascul | ar Disea | | OXIMATE IN | TERVAL ND DEATH |
| | AS A CONSEQUENCE OF: | | | | | |
| (c) | | | | | | |
| | | | | | | a wider wider wider state with wider state state |
| OPERATION W | VAS PERFORMED | | | 21. AUTOP | SY? (Yes o | r No) |
| F INTILIBUT | 200 40155 | DID (III to Date) | - Ciby -iv- | at location) | No_ | |
| tory, street, offi | , in or obout 22C. WHERE I ice bldg., etc.) INJURY OCCI | JR? | ore City, give exc | oci ioconon) | | |

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Homicide ___

and that an this basis, death In my apinion

Undetermined monner

(City town or county)

DATE SIGNED

2/15/69

n Gilmus

BIRTH NO.

FULL NAME OF HOSPITAL OR INSTITUTION

female

9. DATE OF BIRTH

6. SEX

19.

CATION

CERTI

22A.

23.

(APPROX.)

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/6B

SIGNATURE

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

NAME OF DECEASED (Type or Print) ETHEL

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

10. AGE (in years Most birthdoy)

14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INI

University Hospital (NOA) 7. RACE

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Doy)
OF INJURY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes X

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION

(Year) (Haur)

Werner U. (Spitz, M.D.

THPLACE (State or foreign country)

Comaclo

done during most of working life, even if retired) omens ARon 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no priving nown) ((If yes, give wor or dotes of service)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

WIDOWED .

600

VS 151-REV. 1/1/68

| BIRTH NO. 68-21583 MEDICAL EXAMINER'S | S CERTIFICATE OF DEATH REG. NO. |
|--|--|
| 1. NAME OF DECEASED (Type or Print) MARGO PITTS | 2. DATE Known Month Day 17,1969 6:55 A. M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | 3. DATE Month Doy Year Hour February 17,1969 6:55 A. M. |
| SINAI HOSPITAL (DOA) | 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland |
| 6. SEX Female Negro B. MARRIED NEVER MARRIED WIDOWED DIVORCED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| 9. DATE OF BIRTH Nov 12 - 1968 lost birthdoy) If Under 1 Yr. If Under 24 Hondris, Doys, Hours, N 3 | Hrs. E. STREET AND NUMBER |
| 11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME |
| 14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUS | STRY 15. MOTHER'S MAIDEN NAME |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. | AMERICANANT Polle 4812 OF ADE |
| DISEASE OR CONDITION DIRECTLY CAUSE OF D Inter | DEATH STITIAL PROUMONITIS (SDII) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| injury or complication which coused death.) ANTECEDENT CAUSES (B) | TE CAUSE OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION | WAS PERFORMED 21. AUTOPSY? (Yes or No) yes |
| UNDERLYING OR CONTRIB. | o.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) office bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE (APPROX.) | 22F. HOW DID INJURY OCCUR? |
| 23. I certify that I held an Inquiry Inspection | |
| resulted from: Natural causes X Accident Sul | CHIEF MEDICAL EXAMINER |
| EVAMINEDIC | ASSISTANT MEDICAL EXAMINER XXX ASSOCIATE MEDICAL EXAMINER 2/17/69 |
| NAME (Type) Ronald N. Kornblum, M.D. | RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| 2/25A. DATE REC'D BY MEALTH DEPT. 26B. NAME OF REGISTRAR | Waternal Souls made Address Address |
| 19 1969 O Lai 2. Fa Capt | Margare Phys LSD gelieb |

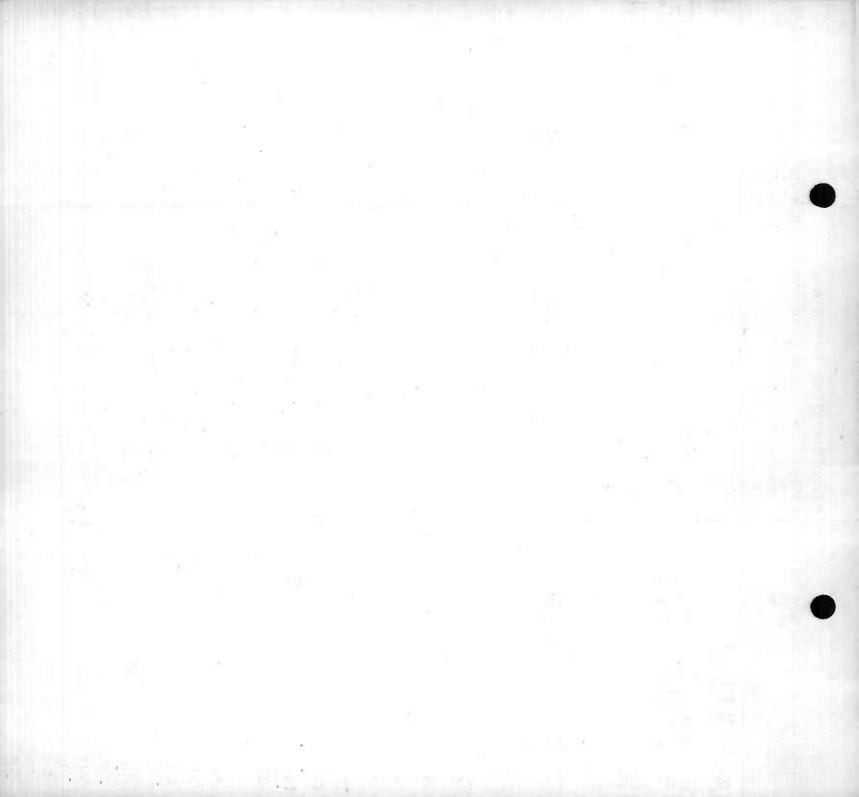


FUNERAL DIRECTOR: IMPORTANT

| | 69 1829 BALTIMORE CI | ITY HEALTH DEPARTMENT | 000 | | |
|----------------|--|---|------------------------------|--|--|
| | IRTH NO. CERTIFIC | ATE OF DEATH REG. NO. 69 1 | 829 | | |
| (1 | NAME OF DECEASED YOU DING MAN JOHN C. DI | FED 16, 61 | 05 Am | | |
| 3 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, II institution: residence b. A. STATE B. COUNTY | eloro admission) | | |
| E | ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION | C. CITY OR TOWN DUNDALK D. INSIDE CITY LIMITS? | Y 53-01 | | |
| | 3/ | BALTIMURE YES NO | 0 🖾 | | |
| ا و | 36 Franklin Square Mospital | E. STREET AND NUMBER 7402 WAY MONTH WAY | | | |
| Ĕ | Male 6. RACE White 7. MARRIED NEVER MARRIED DIVORCED | I (A lost birthdoy) Months! Doys He | f Under 24 Hrs. ours Min. | | |
| si nortisodsib | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST | | HAT COUNTRY? | | |
| 00 | Salesman, Kellogg Co. | PENNSYLVANIA USA | r , | | |
| 13 | FRANK DINGMAN | 14. MOTHER'S MAIDEN NAME Clara Mc Graw | | | |
| 15 | Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL | | | | |
| CY | Was Deceased Ever in U. S. Armed Forces? es.no or unknown) (II yes, give wor or doles of service) Yes.e Navy WIII 175-12-3688 | 700000 | | | |
| | 18. / (2. / 1 CAUSE OF DEA | | MATE INTERVAL | | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | ALIES CAR LUNG 1 | D | | |
| ŀ | neon jointe, osinento, etc. it meons me diseose. | AUSE AS A CONSEQUENCE OF: | | | |
| | injury of complication which coused death.) | | | | |
| ì | ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR | AS A CONSEQUENCE OF: | | | |
| | TINDED VINC CONDITION I STORING THE | A CONSEQUENCE OF: | | | |
| | ONDEKTING CONDITION (ost. (C) | *************************************** | Possessesses | | |
| ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. | 200 04 *** 00 00 00 00 00 00 00 00 00 00 00 00 | | | |
| CERTIFICA | 10A DATE OF CORPATION 110P | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH? | RED | | |
| 4 | OR CONTRIBUTING CAUSE OF home, form, fociory, street, | In or obout 21C, WHERE DID office bldg., INJURY OCCUR? | tion) | | |
| MEDIC | 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY | 21F. HOW DID INJURY OCCUR? | | | |
| 2 | (APPROX.) While At Not W Work At Work | hile n | | | |
| | 22. I certify that (1) (this hospital) attended the deceased from | 2 - 15 - 19 69 10 2 - 16 | 1969 | | |
| | that (1) (we) lost sow the deceased alive on 2 - 16 | | d on the dote | | |
| | ond hour and from the causes stated above. (1) (We) (Jid) (did nat) | | | | |
| H | Suna Von Kasee A | Hending Med. Shaff Derector Phys. 123B. DATE SIGNED | 10 | | |
| | 230 PHYSICIAN'S NAME (Type) | 23D. ADDRESS | 67 | | |
| 24 | A BURIAL CREMATION, 24R DATE 124C, NAME of CEMETERY OF C | | | | |
| | REMOVAL (Specify) 24c. NAME of CEMETERY of C 24c. NAME of CEMETERY of C Cak Lawn | | (Stote) | | |
| 25 | A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | Baltimore, Maryland 212 | | | |
| | MEB 191969 Reliate 2, Farkuma | | que. | | |
| VS | 150-REV- 1/1/68 | | | | |

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VS 150-REV. 1/1/6B

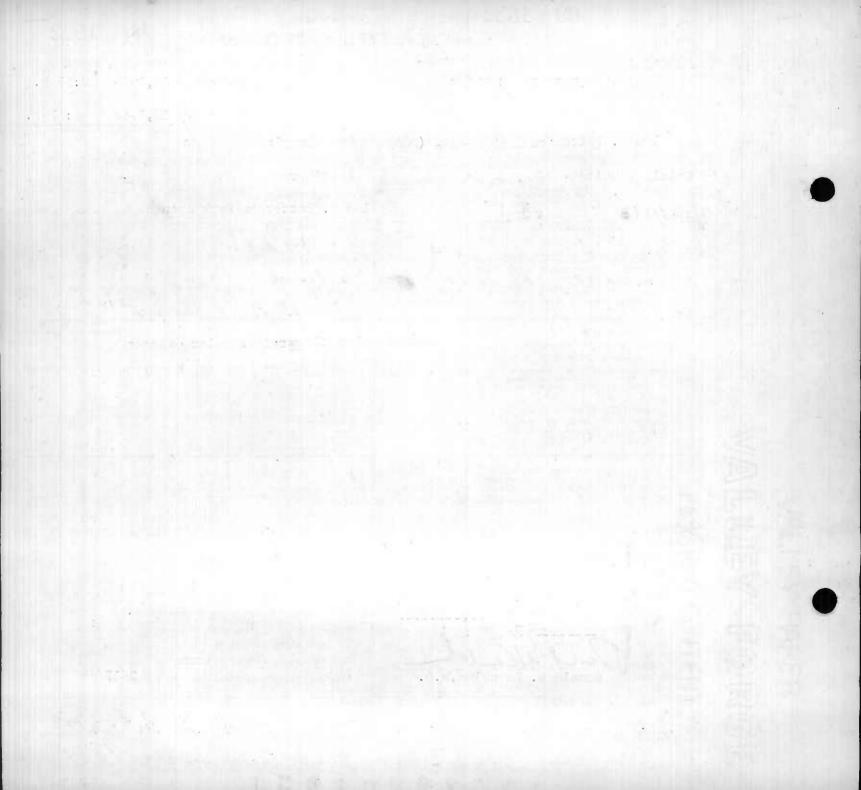


VS 150-REV, 1/1/68



69 1832 BALTIMORE CITY HEALTH DEPARTMENT

| MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO | 09 1832 |
|---|---|--|
| | 11 | |
| I. NAME OF DECEASED (Type or Print) ANNA VIRGINIA COLLINS | 2. DATE Known Month Day OF Estimoted February 16 | ,1969 8:57 P. _{M.} |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy | Yeor Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | PRONOUNCED DEAD February 16 | ,1969 8:57 P _M |
| 106 N. Patterson Park Avenue (DOA) | S. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE Maryland B. COUNTY | n: residence before admission) |
| 6. SEX 7. RACE B. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE C | ITY LIMITS? |
| Female White WIDOWED DIVORCED | Raltimore | es P NO 🗆 |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 1f Under 24 Hrs Iost birthdoy) Months, Doys, Hours, Min | E. STREET AND NUMBER 106 N. Patterson Park Avenue | |
| 7/22/1886 82 | | E |
| 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | |
| Baltimose M.S.A. | Hecks | |
| 14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTI | TY 15. MOTHER'S MAIDEN NAME | |
| House Work at House | Unknown | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | IR INICORMANIT | DDRESS 0 - 1 - H |
| (Yes, no or unknawn) (If yes, give wor or dotes of service) SECURITY NO. | mr. Loseph H. Freeburge | 2346. S. Calhoun |
| 19. CAUSE OF DE | ATH / | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY Arteri | osclerotic cardiovascular dise | ase |
| LEADING TO DEATH (A)IMMEDIATE | CAUSE | |
| | AS A CONSEQUENCE OF: | |
| ANVEGEDENT CALICEC | | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OF | AS A CONSEQUENCE OF: | |
| I WAS TO THE ABOVE CABSE (A) STATILITO THE | A A CONSEQUENCE OF | |
| UNDERLYING CONDITION LAST. (C) | | |
| | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | | |
| 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | VAS PERFORMED | 21. AUTOPSY? (Yes or No) |
| la l | | |
| ₹ 22A EXTERNAL CAUSE WAS 22B PLACE OF INJURY(e.g. | . I Jose Willer Dip W. o Iv | no |
| | , in or about 22C. WHERE DID (If in Boltimore City, give exice bldg., etc.) INJURY OCCUR? | act location) |
| | 22F. HOW DID INJURY OCCUR? | |
| OF INJURY (APPROX.) WHILE AT NO | T WHILE | |
| 23. | WORK L | |
| I certify that I held on Inquiry Inspection XX A | utopsy ond that on this basis, death in my | opinion |
| resulted from: Notural couses XX Accident Suici | de Homicide Undetermined monner | |
| 1 12/1/18 | CHIEF MEDICAL EXAMINER | DATE SIGNED |
| SIGNATURE CONTROL M. | D. ASSISTANT MEDICAL EXAMINER XXXX | DATE STOTES |
| EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type) | ASSOCIATE MEDICAL EXAMINER | 2/17/69 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | or CREMATORY 24D. LOCATION (City, low | n, ar caunty) (State) |
| Buil 2/19/69 Codas 71 | illitar R. Bl. 1 | and. met. |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | | |
| | 25C. FUNERAL DIRECTOR | ADDRESS O . / |
| EEB 191969 A O O I O I | 25C. FUNERAL DIRECTOR | ADDRESS 901 |
| VS 151-REV. 1/1/68 | 25C. FUNERAL DIRECTOR John J. Cowan John Du | ADDRESS 901 e Hollins St. |



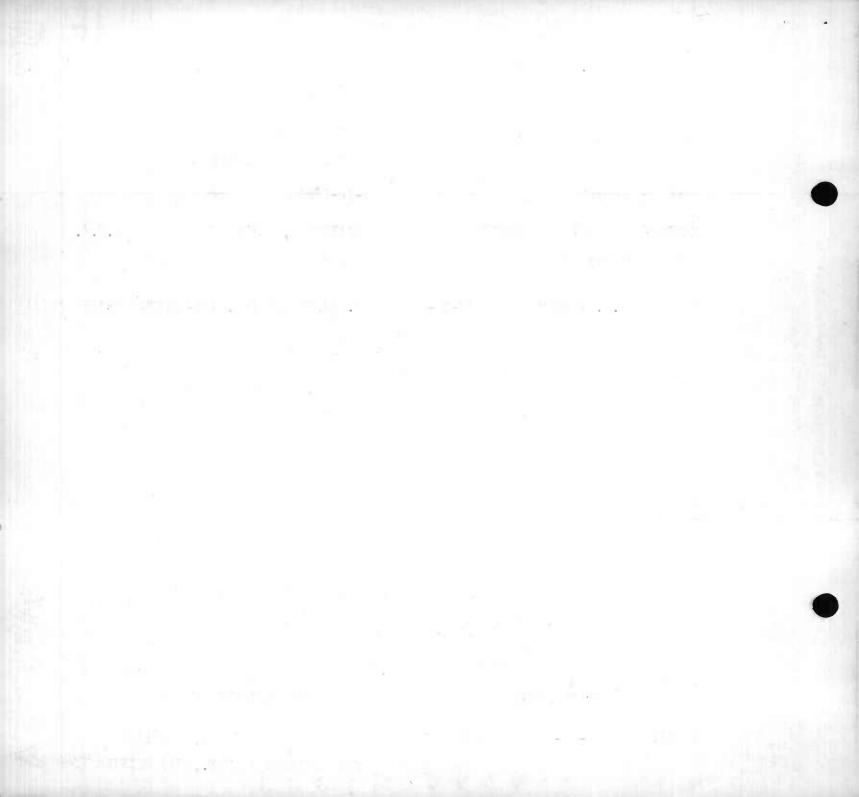
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BALTIMORE CITY HEALTH DEPARTMENT

1276 EMPTHE HALL STATE PARTY FOR EXPERT HALL FOR 6E ST-1E-11 X WAS 0.5 THE (NOTICE) ADDROVE STREET AND SECTION AND Primortined Employing out the a mechecour menerical difference CHRONIE FRUTE MECHEUSED GROW 21

FUNERAL DIRECTOR: IMPORTANT

| H-63> 69 | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 4004 |
|---|---|--|------------------------------------|--|
| | 1834 CERTIFICA | TE OF DEATH | REG. NO. | 69 1834 |
| I, NAME OF DECEASED | | 2. DATE AND HO | UR OF DEATH | |
| (Type or Print) | | | | 1 1 1 |
| AARON A. HORWITZ 3. PLACE IN BALTIMORE, MARYLAND, WHERE | | 4. USUAL RESIDENCE (Where dec- | 17, 1969 eased lived. If instit | tution: residence before admission) |
| FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION | R INSTITUTION, GIVE STREET) | MARY LAND C. CITY OR TOWN | D. INSIDE | 27-20 ECTY LIMITS? |
| JEWISH CONVELESANT HOME | | BALTIMORE E. STREET AND NUMBER | Y | YES NO |
| | | 7054 SURREY DRI | VE | |
| 5. SEX 6. RACE 7. M. | ARRIED X NEVER MARRIED | 8. DATE OF BIRTH 9. AG | E (In years | If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min. |
| MILL WILL | OOWED DIVORCED | 4-16-1900 | 68 | |
| 10A, USUAL OCCUPATION (Give kind of work 108, I done during most of working life, even if refired) | CIND OF SOSINESS OF INDUSIKE | 11. BIRIHPLACE (State of foreign co | intry) | 12. CITIZEN OF WHAT COUNTRY? |
| | RETAIL | BALTIMORE, MARYLA | ND | U.S.A. |
| 13. FATHER'S NAME HYMAN HORWITZ | | LENA ? | | |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| YES W.W. I ARMY | 0100111111111 | MRS. SADIE HORWITZ. | 7054 SIIR | REY DRIVE #21215 |
| OISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying heart failure, astheria, etc. It means the cinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stotic UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 194. DATE OF OPERATION 198. CONDITION WAS PERFORM | g, e.g., disease, n.) giving giving ng lhe (C) UTING MINAL J. N FOR WHICH OPERATION ED | SEUM OUS A CONSEQUENCE OF: A CONSEQUENCE OF WELL 20A. AUTOPSY? (Yes or Noil 20B, IN | CERTIFYING CAUS | IDINGS CONSIDERED |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) | | (It in Saltimore C | City, give exact location) |
| 21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.) | While At Not While Work At Work | | CCUR? | |
| 22. I certify that (I) (this hospital) attempted that (I) (we) lost sow the deceased oli and hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 1 RVIN SAUBLE | ve on 20 pove. (1) (1) (did) (did not) v OEGREE Phy | ending Med. Staff | (my) (our) opinio | on death occurred on the date 38. DATE SIGNED 2 - 17 - 6 9 |
| 24A. 8URIAL CREMATION, 24B. DATE | 24C. NAME of CEMETERY OF CR | | | town, or county) (State) |
| BURIAL 2-18-69 | SHAAREI TFILOH | | MORE, MARY | |
| | NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | | REISTERSTOWN ROAD |
| VS 150-REV. 1/1/68 | 76900 | 8 3 3 | • | |



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

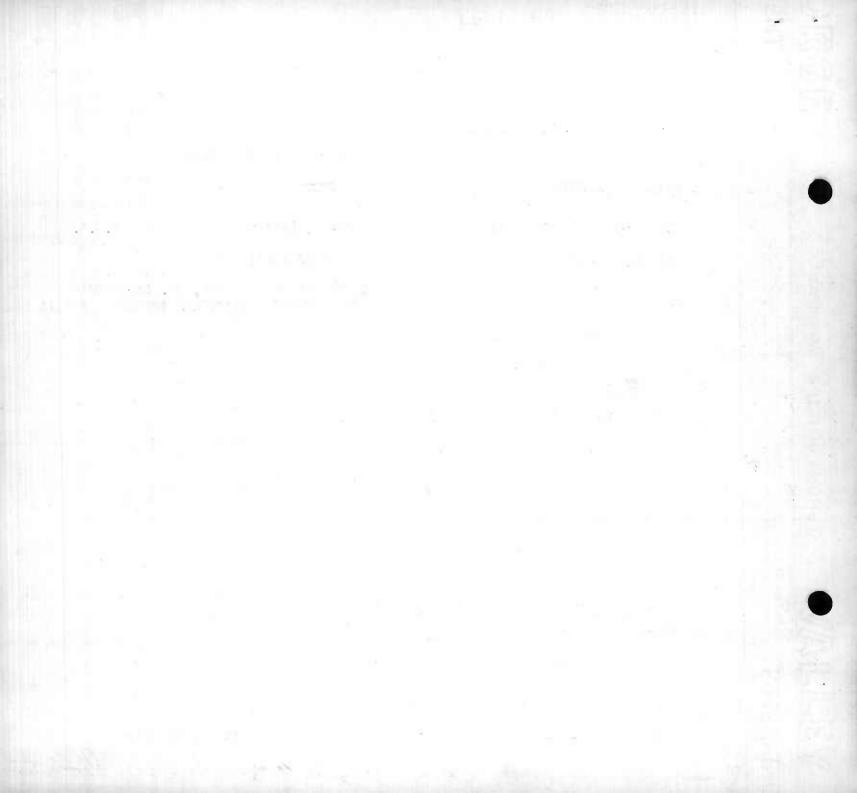
Hours

BETWEEN ONSET AND DEATH

APPRESS

U.S.A.

If Under 24 Hrs.



VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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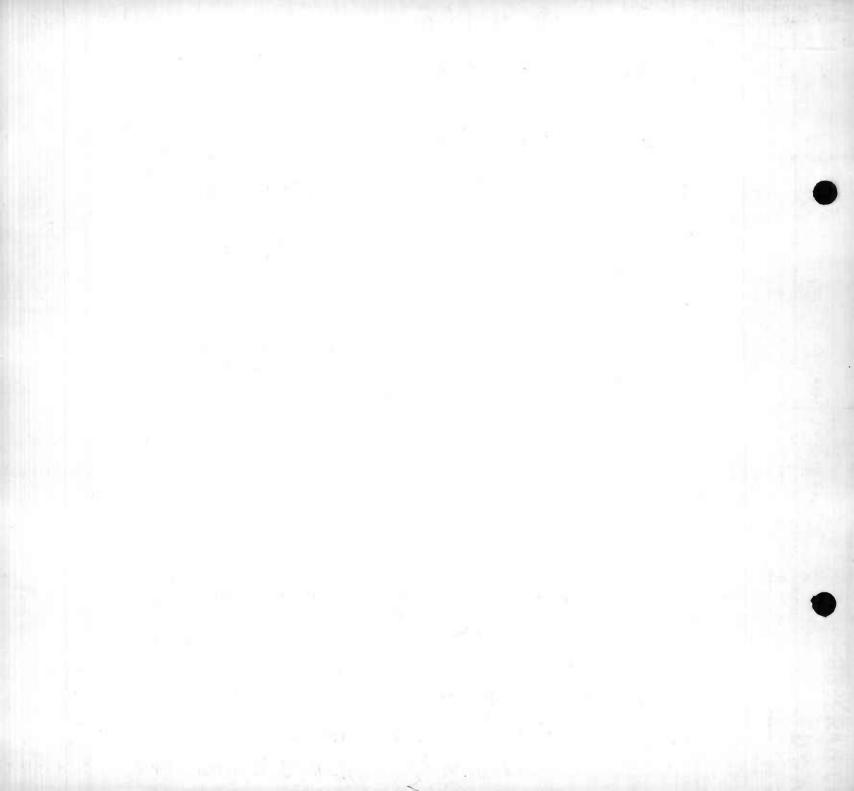
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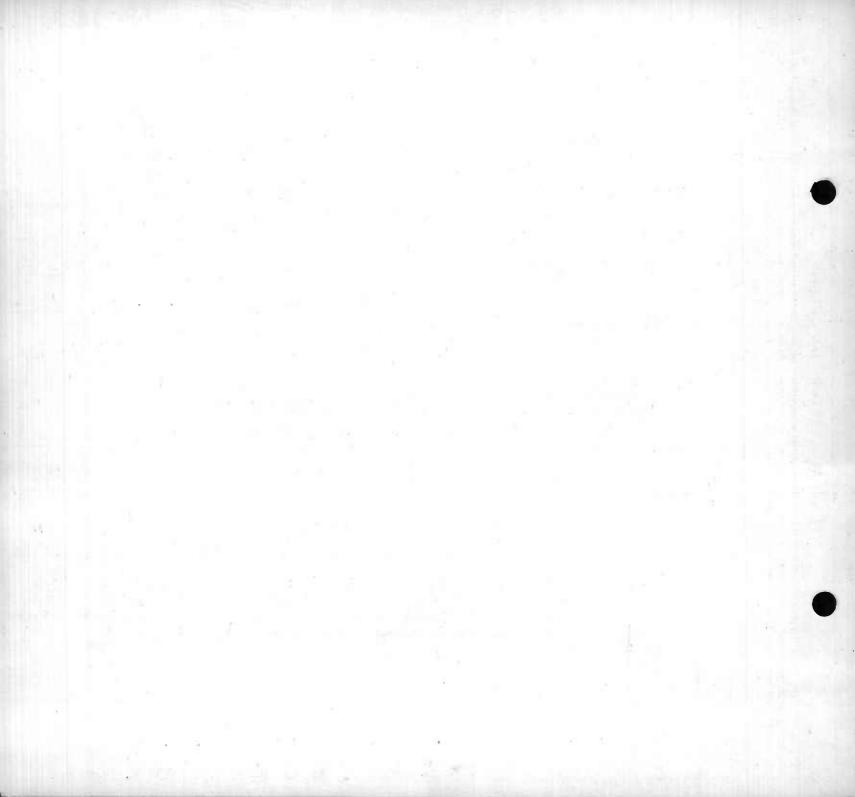
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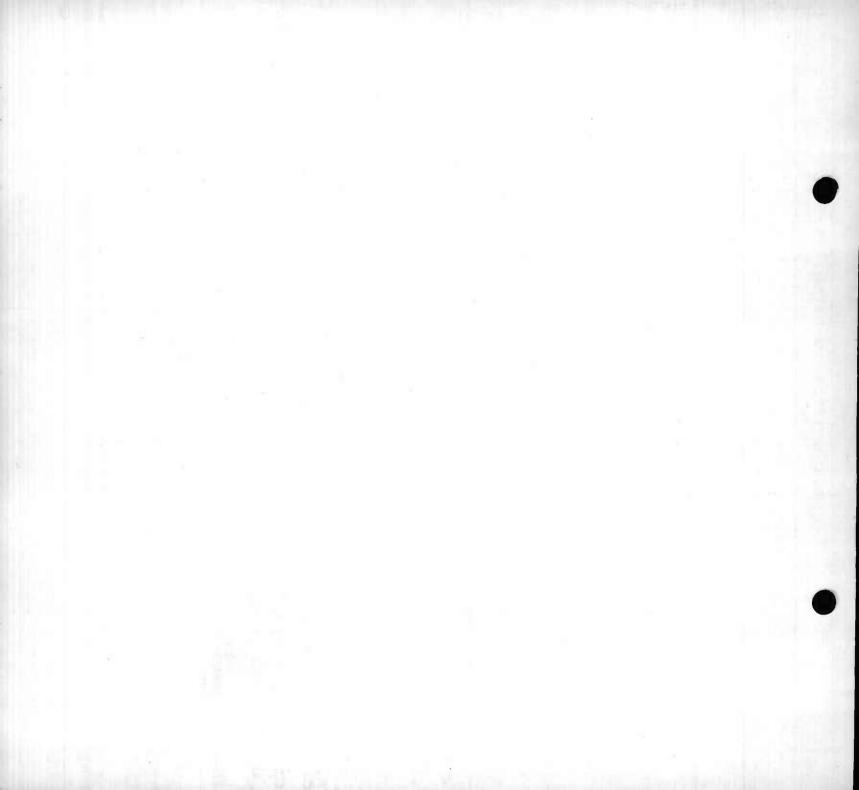
| K | 460 | | 69 18 | min. | HEALTH DEPARTMENT | REG. NO. | 69 1837 |
|-----------|--|-----------|--|---|---|---|--|
| | ch ed th | | H NO. | CERTIFICA | TE OF DEATH | HOUR OF DEATH | |
| | pital and of death Deceased e on the ath. Sucl | | e or Print) | Keller | Febr | uary 16. 196 | 91 M. |
| | of of Dec ath. | 3. F | LACE IN BALTIMORE, MARYLAND, WHERE PRON | OUNCED DEAD | 4. USUAL RESIDENCE (Where A. STATE B. COUNT | deceased lived. It institution | residence before odmission) |
| | 5 0 0 | FUI | L NAME OF (IF NOT IN HOSPITAL OR INST | TITUTION, GIVE STREET | Marylan | | 13-05 |
| | 3 5 | INS | TITUTION | | Baltimor | D. INSIDE CIT | |
| | lin a ng ca cause atten ior to | 4 | 3009 Chestmut | Ave. | E. STREET AND NUMBER | actual Ava | |
| | 0 | S. S | EX. 6. RACE 7. MADDIE | D NEVER MARRIED | B. DATE OF BIRTH | AGE (In years If U | nder 1 Yr. If Under 24 Hrs. |
| | th occurre contribut etermined n regular eceased p | | F WIDOWE | DIVORCED | July 21, 1918 | 51 | hs Doys Hours Min. |
| | cor cor eter n re eced | | USUAL OCCUPATION (Give kind of work 10B, KtND equing most of working life, even if retired) | OF BUSINESS OR INDUSTRY | A A 1 | | TITIZEN OF WHAT COUNTRY? |
| | or or or itie | 12 | House wite | | Marylan 14. MOTHER'S MAIDEN NAM | | U. S. A. |
| - | ÷ ec ↓ × + × ocs | 13. | Edgar Cornn | rell | Ruth | French | |
| IMPORTANI | ind ind e | 1S. Yes | Nos Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of service | N/. | Thomas P K | eller 300 | 19 Chestnut Au |
| SR. | 5 4 5 D D L | - | No | CAUSE OF DEAT | . 101.1010 | 21121 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AP | A D D D | | DISEASE OR CONDITION DIRECTLY | | Canciana | A 0 a. | 12/27/60 |
| | F a 5 a E | | (This does not mean the mode of dying, e. heart foiluse, asthenia, etc. It means the disease | | A CONSEQUENCE OF: | Beary | /2///- |
| O.R. | ner act pr ula | | injury or complication which coused death.) ANTECEDENT CAUSES | | | | |
| 5 | The fr | | DISEASES OR CONDITIONS, if ony, givin | (B) DUE TO, OR AS | A CONSEQUENCE OF: | | |
| DIRECTOR: | e x m | | rise to the obove couse (A) stoting t UNDERLYING CONDITION lost. | he (C) | | *************************************** | |
| AL | medical er burns; (5 physician an was in remains) | ATION | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA | G | | | |
| UNER | hici d | CERTIFICA | DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED | R WHICH OPERATION | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDIN | GS CONSIDERED OF DEATH? |
| J. | the chial by control (2) Bo ere the ophysical efore the | | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (e.g., inome, form, foctory, street, o | n or obout 21 C. WHERE DID | (If in Boltimore City, | give exoct location) |
| | No he | ICAL | DEATH (notify medical examiner) | etc.) | 21F. HOW DID INJU | IBY OCCUP? | |
| | pt pt ne | MED | OF INJURY | White At Work At Work | e 🗂 | SKI OCCOK: | |
| | proved the hoi ny nat except and (6 | | 22. I certify that (I) (this hospital) attended | 77 77 77 77 77 77 77 77 77 77 77 77 77 | | 9 68 to | 2/16 19 69. |
| | 0 d d d | | that (1) (we) last saw the deceased alive a | 2// | 5 19 69 and the | at In(my) (out) apinian | death accurred on the date |
| | st be a ased to lent of spital death) | | and haur and from the causes stated abave. | (1) (We) (did nat) | view the bady after death. | 23 R | DATE SIGNED |
| | must be a eleased t scident of hospital to death | | Reulen Moffman | | ending Med. | Staff Phys. | 2-17-69 |
| | 0 - 0 > | h | 23 C. PHYSICIAN'S NAME (POPP) | DEGREE PIN | 23D. ADDRESS | 11/20+10 | CL+ |
| | A A P d | 247 | Ur Neuben | HOTTMAN DEGREE | 846 EMATORY , 24D. LC | OCATION (City, tow | STreel |
| | This certificat the body was shows: (1) An was D.O.A. at deceased pric | 244 | REPOVAL (Specify) 2 1969 | Mt Obrest | Cemetery | Baltimore | , Md. |
| | This cer the bod shows: was D.(decease | 25/ | | E OF REGISTRAR | 25C SUNERAL DIRECTOR | 1 11 | 3631 Falls R |
| | トキッション | VS | 150-REV. 1/1/6B | By Way | The muse of | ineral Home | JOJI TUIS N |

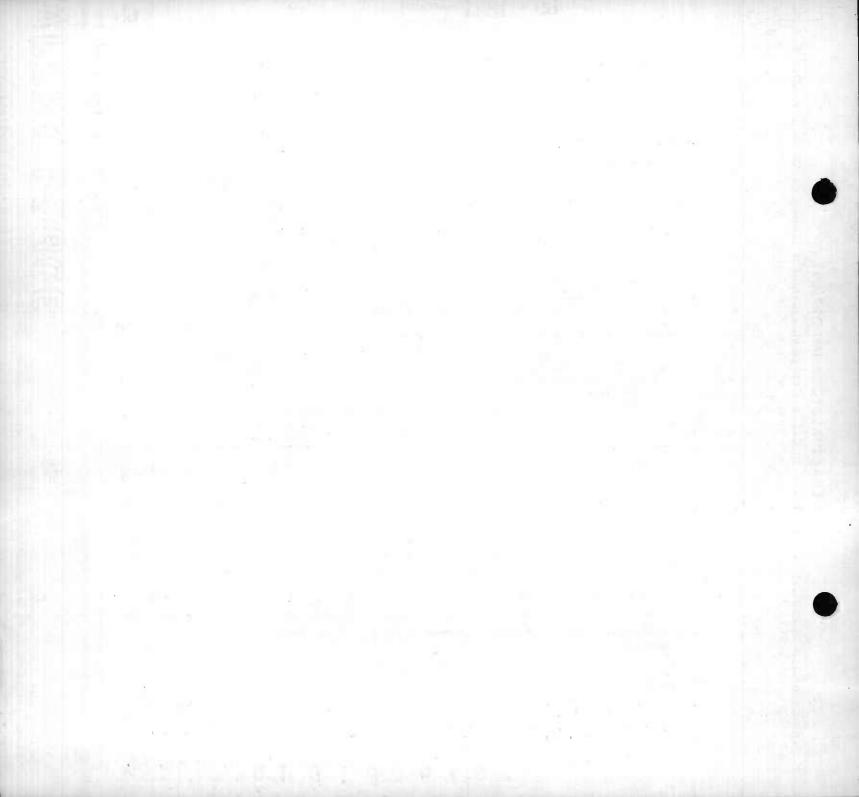


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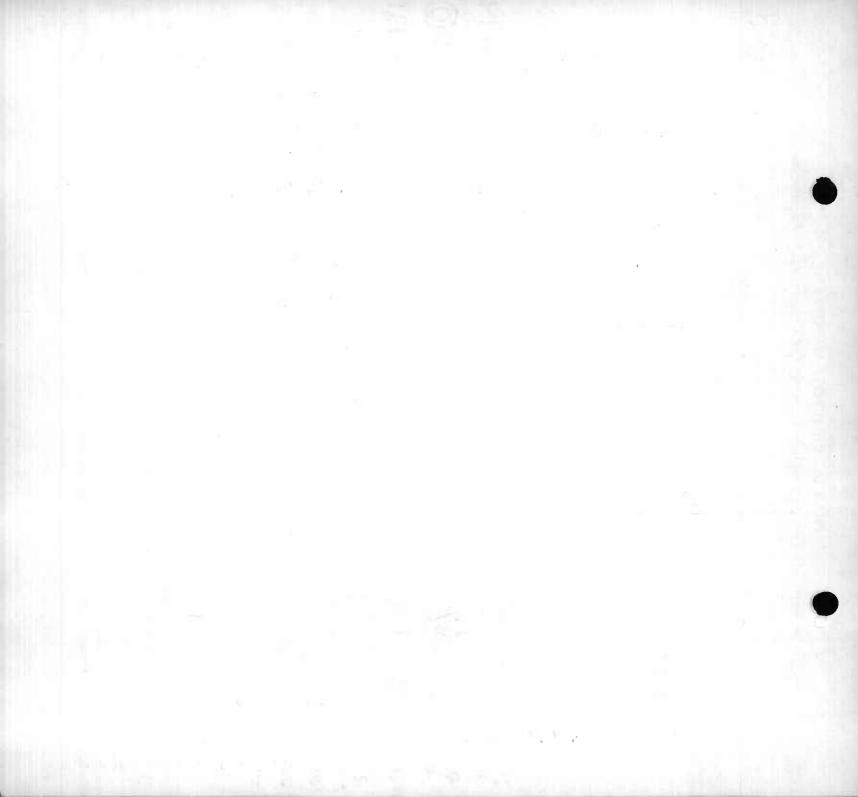


N. 45-715 715 715





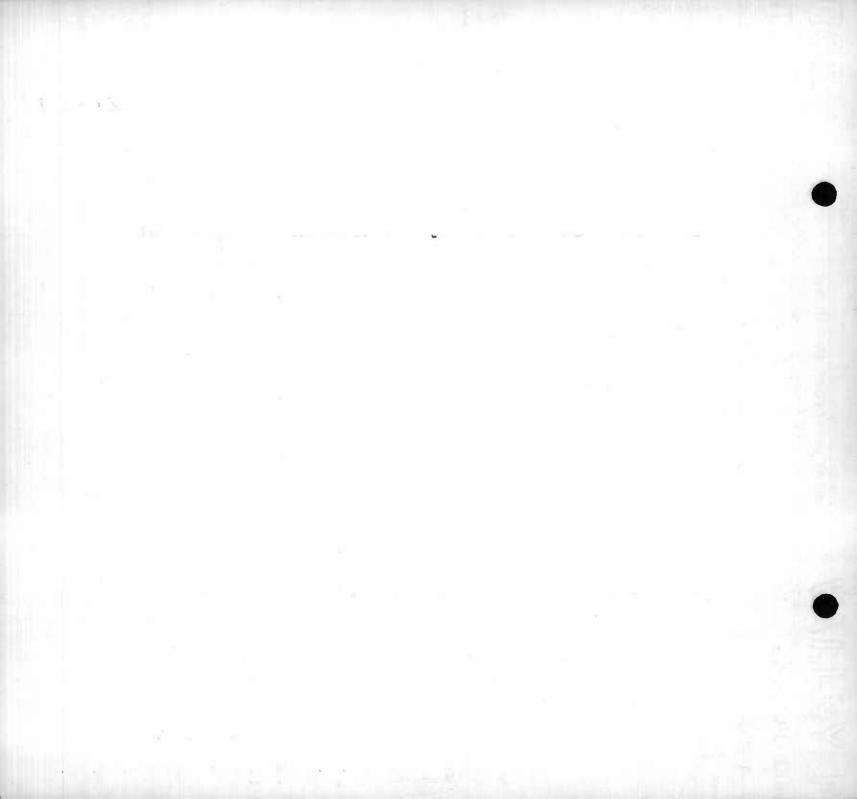
| | 69 | 9 18 | 42 CEPTIFICA | TE OF DEATH | REG. NO | 69 1842 |
|---|---|---------------|--|--|---|---|
| BIRTH NO. | | | CENTITICA | | | |
| .NAME OF DEC Type or Print) | | | | | ND HOUR OF DEATH | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Sophia | H. Bau | ier | tebr | mary 11, 190 | 59 institution: residence before odmissi |
| 3. PLACE IN BAI | LTIMORE, MARYLAND, W | HERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (Wh | ere deceased lived. If i | institution: residence before admissi |
| | | | | Baltimore | h | 110 63 |
| FULL NAME OF | ADDRESS OR LOCA | AL OR INSTIT | UTION, GIVE STREET | | 100. | VI 2 2000 |
| INSTITUTION | | | | C. CITY OR TOWN | D. IN | SIDE CITY LIMITS? |
| Kenson | n Nursing Home | 2 | | (atonsville | | YES NO NO |
| 1) Arunal | h Avenue | | | E. STREET AND NUMBER | | |
| O Tradita | 0 7 17 47 600 | | | Unknown | | |
| . SEX | 6. RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr., If Under 24 H |
| Female | White | WIDOWED | = | Jan. 13, 1876 | lost bighdoy) | Months Doys Hours Min. |
| | | | | 0 | 17 | |
| | working life, even if retired) | IOB, KIND OF | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or for | reign country) | 12. CITIZEN OF WHAT COUNT |
| Housewile | | Own 1 | Home | Maryland | | USA |
| 3. FATHER'S NA | | 0012 | 101112 | 14. MOTHER'S MAIDEN NA | AAE | |
| | | | | | | |
| John (| C. Heck | | | Catherine Bo | nuer | |
| 5. Wos Deceased | d Ever in U. S. Armed For | ces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| 4.0 | (If yes, give wor or dote | s of service) | SECURITY NO. | r . 1 | 1 | |
| No | None | | | Family record | LS . | |
| 18. , / | 2 ./1 | | CAUSE OF DEAT | H | | APPROXIMATE INTERVA |
| | e obove couse (A) G CONDITION lost, | stoting the | (c) | | | |
| | FICANT CONDITIONS CO TH BUT NOT RELATED TO T | | | | | 100 |
| DISEASE OR | CONDITION GIVEN IN PAR | T 1 (A). | | | | |
| = - | WAS PER | | WHICH OPERATION | 20A. AUTOPSY? (Yes or N | 10) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH? |
| 21A. ACCIDE | NT WAS UNDERLYING | 7 218 | | n or about 21C. WHERE DID | Int s. p. les | |
| OR CONTRIB | UTING CAUSE OF y medical examiner) | hom elc. | ne, form, foctory, street, of | fice bldg., INJURY OCCUR? | (It In Boitimo | ore City, give exact location) |
| 21D, TIME | (Month) (Doy) (Year) | (Hour) 21 E. | . INJURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| OF INJURY | | Wh | ile At Nat Whil | e C | | |
| (APPROX.) | | Wo | | | | |
| 22. 1 certify | that (1) (this hospital |) ottended t | he deceosed fram 2 | un. 21 | 19 5 9 to | El. 1/ 1969 |
| | last saw the decease | | A- 1 1 | | 1 . 1 () () | |
| mor (i) (we) | lust saw the decease | a dilve on | | | hat in (my) (web) op | inian death accurred on the d |
| and hour an | d fram the causes stat | ed abave. (| 1) (We) (did) (did not) v | iew the body after death | • | |
| 23A. SIGNATU | | | | | | 23B. DATE SIGNED |
| 2 | mli n.O. | dom | MID. Atte | nding Med. | Staff Phys. | 19 1 10 1010 |
| 23 C. PHYSICIA | ANTE | our re | DEGREE | nding Med. Director 23D. ADDRESS | rnys. | Feb. 14, 1969 |
| NAME (1 | [vne] | | | | | |
| FR | CANK N. | OGDE | - N. MID | 270 (U.S. | Calvert | 56 |
| 4A. BURIAL CRE | MATION, 24B. DATE | 24C. N | AME of CEMETERY OF CRE | MATORY 24D. | LOCATION (C | City, town, or county) (State) |
| REMOVAL | Specity) | | | | | |
| Burial | reb. 14, | 1909 4 | oudon Park (en | petery Ba 250 FUNERAL DIRECTO John Burns | Ctimore, Mar | yland |
| SA. DATE REC'D | BY HEALTH DEPT. | 258. NAME (| OF REGISTRAR | 25C FUNERAL DIRECTO | RCT | ADDRESS |
| | ELE 19 1909 | 020 | or Ea Farleyen | John Durns | Jons, Towso | n, ilayyland |
| S 150-REV. 1/1/ | | 4 10 1873 | 2 A D S | 0 1 8 4 | | |
| | | | | | 1 | |



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



R-316

69 1844 BALTIMORE CITY HEALTH DEPARTMENT

| 00 | TOTAL | 4 | | | |
|-----|-------|------------|-------------|----|----------------|
| MED | ICAL | EXAMINER'S | CERTIFICATE | OF | DEATH REG. NO. |

69 1844

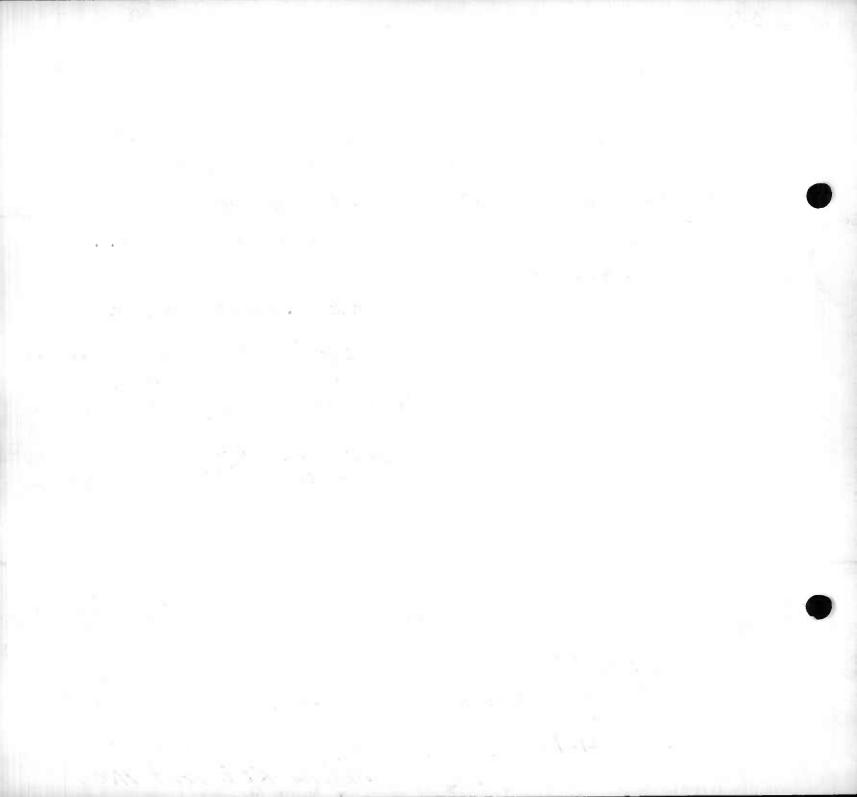
| BIRTH NO. | ICAL EXAMINER 3 | LEKTIFICATE OF DEATH REG. NO | |
|--|--|--|--|
| 1 NAME OF DECEASED | | 2. DATE Known Month Doy | Yeor Hour |
| (Type or Print) ROY F. REDIFER | | OF FULL DE Palemanne 16 | |
| 4. PLACE IN BALTIMORE, MARYLAND, W | | 3. DATE Month Doy | Yeor Hour |
| | AL OR INSTITUTION, GIVE STREET | PRONOUNCED DEAD | 1060 10.25 4 |
| HOSPITAL ADDRESS OR LOCA | TION) | February 16. 5. USUAL RESIDENCE (Where deceased lived. If institution | |
| ST. AGNES HOSPI | TAL | A. STATE Maryland B. COUNTY | 20-06 |
| 6. SEX 7. RACE | 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE C | ITY LIMITS? |
| Male White | WIDOWED DIVORCED | Baltimore | ES NO |
| 9. DATE OF BIRTH 10. AGE (In | yeors If Under 1 Yr. If Under 24 Hrs. | E. STREET AND NUMBER | |
| Sept. 28, 1900 lost birthdo | 1 1 1 | 243 S. Hilton Street | |
| 11. BIRTHPLACE (State or loreign country) | 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | |
| Balto. Md. | U. S. A. | George Redir | 42 |
| 14A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 14B. KIND OF BUSINESS OR INDUSTR | 1 | |
| Baker | Rice's Baking Co. | Lucia SLATE | |
| 16. WAS DECEASED EVER IN U.S. ARMED | FORCES? 17. SOCIAL | | DDRESS |
| (Yes, no or unknown) (II yes, give wor or dotes | or service) SECORITY NO. | Mrs. Margaret E. Redifer 243 | S. Hilton St. |
| 19. | CAUSE OF DEA | 4 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIREC | cily Cerebra | al infarction due to Arterioso | |
| LEADING TO DEATH | (A)IMMEDIATE C | | |
| (This does not mean the mode of dy heart lailure, asthenia, etc. It means the | ing, e.g., DUFTO OR | AS A CONSEQUENCE OF: | |
| Injury or complication which caused dec | oth.) | | |
| ANTECED ENT CAUCEC | Cardi | lovascular Disease | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | AS A CONSEQUENCE OF: | |
| RISE TO THE ABOVE CAUSE (A) STATE | | | |
| UNDERLYING CONDITION LAST. | (C) | ************************************** | |
| E II | | | |
| OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P. 20A. DATE OF OPERATION 20B. CONDITION GIVEN IN P. | THE TERMINAL | | |
| DISEASE OR CONDITION GIVEN IN P | * * | | |
| 20A. DATE OF OPERATION 20B. CON | NDITION FOR WHICH OPERATION W | AS PERFORMED | 21. AUTOPSY? (Yes or No) |
| | | | yes |
| UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. | 22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, office | in or obout 22C. WHERE DID (II in Boltimore City, give extended, etc.) INJURY OCCUR? | oct location) |
| 22D. TIME (Month) (Doy) (Year | r) (Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? | |
| OF INJURY (APPROX.) | WHILE AT NOT | WHILE | |
| 23. | m. WORK AT V | VORK L | |
| | nquiry Inspection Au | and that on this basis, death In my | opinion |
| resulted from: Natural cou | | | |
| resurred from: Natural cou | Accident Suici | CHIEF MEDICAL EXAMINER | |
| ACTUAL / | 17/1/: 11 | | DATE SIGNED |
| SIGNATURE (Muly | 1 Kuel M.C | | |
| EXAMINER'S Popold | N Vomblym M D | ASSOCIATE MEDICAL EXAMINER | 2/17/69 |
| NAME (Type) KONA LC . | N. Kornblum, M.D. | ar CREMATORY 24D. LOCATION (City, tow | rn, or county) (State) |
| REMOVAL (Specify) | | | (aloie) |
| | | | ADDRESS |
| 25A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAR | | |
| ELB 191969 | R. Par. & E. Farbenna | G. Truman Schwab 3512 Fred | erick Ave. Balto. |
| VS 151-REV. 1/1/68 | 0 4 9 8 0 | 0 1 0 1 12 | |

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Mosts Relating Dog

Sortal Feb. 19.1959 New Cathedrel Com-

Balto, Ed.

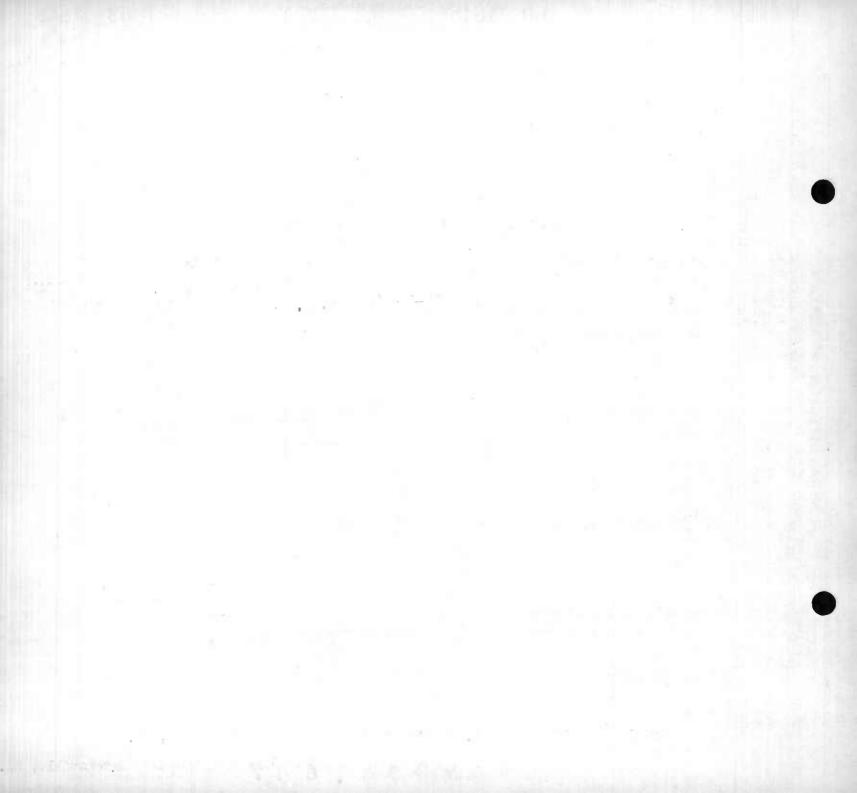


| - | 1127 | | | (| 69 1 | 846 | BALTIMORE CITY | HEALTH | DEPARTMENT | / | | |
|---------|--|----------|------------------|-------------------------------|---------------|---------------------|-----------------------|---------------------|---------------------------|------------------------|--------------------------------------|-------------------------|
| 0 | 7457. | DID. | IH NO. | | ,, | .010 | CERTIFICA | TE O | F DEATH | REG. NO | 69 40 | 40 |
| | and eath ased the Such | 1. N | AME OF DECE | ASED | | C 4 | | | 2. DATE AN | D HOUR OF DEATH | 00 18 | 45 |
| | al c de on on | (Тур | e or Printt | GLADD. | EN & | JA | MUEL | | 2 | | | SPM. |
| | of do | 3, 1 | PLACE IN BALT | IMORE, MARYLAND, | WHERE PROP | NOUNCE | D DEAD | 4. USUA A. STATE | L RESIDENCE (When B. COUN | e deceased lived. If i | nstitution: residence befo | o admission) |
| | S = 2 = 5 | FU | LL NAME OF | (IF NOT IN HOSE | PITAL OR INS | TITUTION | , GIVE STREET | M | D . | BALTA | 53- | 00 |
| | caus caus use; (; tenda | III INIS | TITITION | | | | | C. CITY C | RIOWN ES | | IDE CITY LIMITS? | |
| | ng caus caus atte | 10 | | ERAN H | OSPI | 1/4 (| | F STREE | TAND NUMBER | 712 | YES NO | |
| | ting d cc d cc e. | | OFN | 1.3. | | | | | | LWATER | Rol. | |
| | occurricular | 5. S | EX | 6. RACE | 7- MARRII | - | EVER MARRIED DIVORCED | B. DATE C | - A15711 | ost birthdoy | | Inder 24 Hrs. s Min. |
| | 00 - 0 - | | | PATION (Give kind of w | ork 10B. KIND | | | | | gn country) | 12. CITIZEN OF WHA | T COUNTRY? |
| | det det | don | during most of w | vorking life, even if retired | 1) | | | | MD. | | U. S. A | 2 |
| | de de as | 13. | FATHER'S NAM | - | 1 | | | 14. MOTE | HER'S MAIDEN NAM | A E | 0,0.7. | - |
| - | direct or (4) Und th was on the d | | Raid | 4 456.1 | SLAP | DEN | | DE | LIA HOI | RSEMAN | | |
| Z | | 15. | Nos Deceosed | Ever in U. S. Armed F | orces? | 1 6. 50 | OCIAL | 17. INFOR | MANT | () E Matio | ADDRESS | |
| I | ist he kir de ce | 3 | E S | W.W. T | 7 | | 5-14-907 | 0 100 | ANDER | SON | 833-4 | 527 |
| MPORTAN | 34 500 | - | 18. 4 | 1.91 | | | CAUSE OF DEAT | | 1110001 | | APPROXIMA | TE INTERVAL |
| P | den d | | | E OR CONDITION | | | | | | | | |
| 2 | Als Als e o nou att | | | LEADING TO DEAT | | G | (A) IMMEDIATE CAL | | | 16 HEMO | ORRHAGE | ph |
| ä | rtur. | | heart failure, | asthenia, etc. It mean | ns the disea | | DUE 10, OR AS | A CONSEQ | UENCE OF: | | | |
| OR | frac frac o p gul | | | NTECEDENT CAUS | | | | | | | | |
| ECT | A f A f A f A f A f A f A f A f A f A f | | DISEASES O | R CONDITIONS, if | any, givi | ing | (B) | A CONSE | QUENCE OF: | | | |
| 04 | (3) (3) in s a | | | obove cause (A | a) stoting t | the | (c) | | | | | |
| 0 | dical ical rns; sicia was | | | 11 | | | (0) | | | | | |
| 7 | D .= L S 3 E | TION | | CANT CONDITIONS C | | | | | | | | |
| R | f med y bu phy ian e rei | ⋖ | DISEASE OR CO | H BUT NOT RELATED TO | ART 1 (A). | | | 120 A . | | LOOP IS HE | | |
| NERA | he he the | RTIFIC | TYA. DATE OF | OPERATION 198. CO | ERFORMED | R WHICH | OPERATION | 20 A. A | UTOPSY? (Yes or No | IN CERTIFYING CA | FINDINGS CONSIDERE USES OF DEATH? | , |
| 5 | he chi l by a (2) Boor re the physi fore the | ш | 21A. ACCIDEN | T WAS UNDERLYING | | 21 B. PLAC | E OF INJURY (e.g., i | n or obout | 21 C. WHERE DID | (If in Boltimo | re City, give exact location | on) |
| | y the ital become (2) | AL | | TING CAUSE OF | | home, forr etc.) | m, foctory, street, o | tice bldg., | INJURY OCCUR? | | | |
| | 005 7 | DIC | 21 D. TIME | (Month) (Doyl (Yea | r) (Hour) | 21E. INJU | RY OCCURRED | | 21F. HOW DID INJ | URY OCCUR? | | |
| | hosp hosp ppt (6) | 2 | (APPROX.) | | | While At Work | Not While | • 🗆 | | | | |
| | rove he h y n x ce snd btai | | 22. I certify | that (1) (this hospit | | | | | - // | 96 7 to | 2 - 13 | 19 6 9 |
| | dpp fo til fan [(e); c | | | last saw the decea | | 1 | - 13 | | | | inian death occurred | |
| | 0057 | | and haur and | from the couses st | tated abave | . (I) (We |) (did) (did not) | | | | | |
| | ust be assed dent ospit deat | | 23A. SIGNATU | RE OP | , 1 | 12 | 41: | | | | 23 B, DATE SIGNED | |
| | electicid to | | | Je you | m of | | DEGREE Phy | nding _ | Med. Director | Staff Phys. | 2-13- | 69 |
| | | | 23 C. PHYSICIAI | N'S/ | | , . | | 23D. ADDR | RESS | | | |
| | kicate was r An a A. at a prior | | | JORGE | É. | 619 | CLA DEGREE | 60 | THERAN | FIOSPITA | LOFY | K) |
| | | 24A | BURIAL CREA | AATION, 248. DATE | 24C | NAME o | CEMETERY OF CR | MATORY | 24D. LC | OCATION (C | ity, town, or countyt | (Stotet |
| | bod Vs: D. D. | | BURI | AL 2/1 | 7/69 1 | BALTE | D. NATL | • | Bi | ALTO. 12 | 1 D. | |
| | This certitie body shows: (1) was D.O. deceased written a | 25A | . DATE REC'D | BY HEALTH DEPT. | 25B. NAM | E OF REC | SISTRAR | 25C, F | UNERAL DIRECTOR | ALTO. A VELLY S | ADDRES | 3000 |
| | F = 2 2 2 3 | Ve | 150-REV, 1/1/6 | FR T3 1368 | Or Pro | T Le | to Gentla | 1 | , Lo, COVI | VELLY S | ow? | mACE |
| | | A 2 | 130-KEY. 1/1/0 | D | 1 7 | 0 7 | 1 1.0 | 1 8 | 43 61 13 | | | |

Market States bear house and

APTER SCREEDING HOPET DECKE CONTRACTOR STATE OF STATE OF STATES MRTG RIESPES COTIC MYSGILTERS IN 70 35 1950 Erecusar Mohierica THE STATE OF THE STATE OF THE SAME STATES SAME

| | 69 | 1848 CEDTIFICA | | REG. NO. | 69 1848 |
|---------|--|---|-------------------------------|---|--|
| | ITH NO. | CERTIFICA | TE OF DEATH | | |
| | Pe or Print) LEE LET | TiA | 2. DATE AN 2 / | 16 69 | (P. |
| 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRO | | | | stitutions residence before odmission) |
| FU | ILL NAME OF (IF NOT IN HOSPITAL OR IN | ISTITUTION, GIVE STREET | | LICOTT C | ity MD. |
| HO | OSPITAL OR ADDRESS OR LOCATION) | Hospital | C. CITY OR TOWN | | DE CITY LIMITS! |
| 115 | Grown Salar | | E STREET AND NUMBER | city | YES NO P |
| 1 | LockRaven and Beli | redere | 499 CoLun | nbia Pik | e |
| 5. | SEX 6. RACE 7. MARI | RIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr., If Under 24 Hrs. Months Doys Haurs Min. |
| L | F Cavedsian WIDON | | 7-28-19 | 29 | 7 28 - |
| dor | NUSUAL OCCUPATION (Give kind of work 108, KIN to during most of working lile, even if retired) | | 11. BIRTHPLACE (State or fore | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | Housewife Operated Fai | rm | Maryland | | U.S. |
| | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | |
| | Richard Bayly Buck | E . | Laura Elma | Grafflin | |
| | Wos Deceosed Ever in U. S. Armed Forces? | / 11 62 | 17. INFORMANT Ellico | tt City, Md. | ADDRESS 21043 |
| _ | No G | 217-40-44 | THE THE DO | wson Lee 499 | 9 Columbia Pike |
| | DISEASE OR CONDITION DIRECTES | CAUSE OF DEATH | tic Heart & | 1, sease | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | (A) IMMEDIATE CAU | | | |
| | (This does not mean the mode of dying, heart failure, osthenio, etc. It means the | DUE JO, OR AS | A CONSEQUENCE OF: | | |
| | injury or complication which caused death.) | 100 | nellitus | itus ella | 000 |
| | ANTECEDENT CAUSES | (B) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 205 |
| | DISEASES OR CONDITIONS, if any of tise to the obove couse (A) storing: | | A CONSEQUENCE OF | ted Och | 11 |
| | UNDERLYING CONDITION Iosi. | (c) | | | |
| Z | OTHER SIGNIFICANT CONDITIONS CONTRIBUTI | NG | | | |
| ATION | TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | ~~~~~ | ••••••••••••••••••••••••••••••••••••••• |
| ERTIFIC | 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED | OR WHICH OPERATION | 20A. AUTOPSY? (Yes at No | 20B. IF YES, WERE F | INDINGS CONSIDERED |
| CE | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of | or obout 21 C. WHERE DID | (If In Boltimare | City, give exact location) |
| CAL | DEATH (natify medical examiner) | etc.) | ince bidgi, insoki occok: | | |
| EDI | 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY | 21E, INJURY OCCURRED | 21 F. HOW DID INJ | URY OCCUR? | |
| 2 | (APPROX.) | While At Not While At Work | · 🗆 | | 4.0 |
| | 22. I certify that 25 (this hospital) attend | ed the deceased from | February 6t | 1969 to Fel | 165 1969 |
| | that (I) (we) last sow the deceased alive | on Feb 16th | 1969 ond th | at In (| tion death accurred on the date |
| 1- | ond haur ond fram the couses stated obov | e. (1) (We) (did) (did-not) v | iew the body ofter death. | | |
| 1 | 23A. SIGNATURE | MA AM | nding / Med. | Staff | 23B. DATE SIGNED |
| | 22C BUYESCHANG | OEGREE Phys | . Director | Phys. | 2/16/67 |
| | PHYSICIAN'S NAME (Type) | M.D. | Good Sam | BRITAN | Hospital |
| 244 | A. BURIAL CREMATION, 24B. DATE 24 | C. NAME of CEMETERY OF CRE | | | y, tawn, or county) (State) |
| | REMOVAL (Specily) Burial 2/20/1969 | | | | |
| 25/ | | St. Mary's Ceme | 25C. FUNERAL DIRECTOR | Petersville, | Md. |
| | * FEB 1 9 1969 A | is 80 Follows | | cotal Home | - Catonsville, Mo |
| 1/5 | 150 PEV 1/1/69 | | 1 6 4 1 | | |



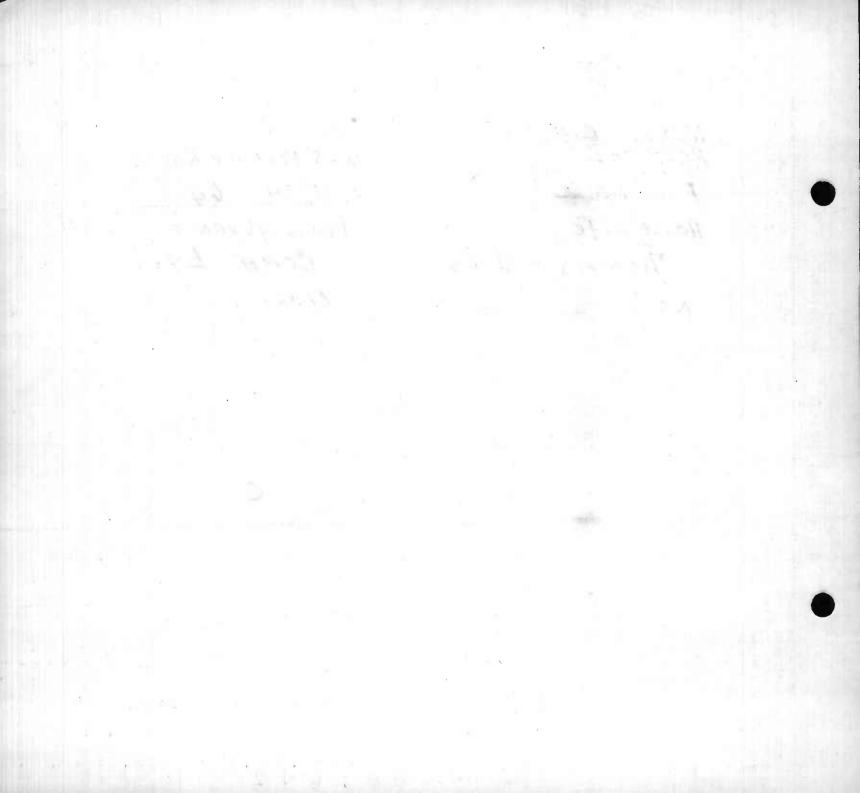
IMPORTANT

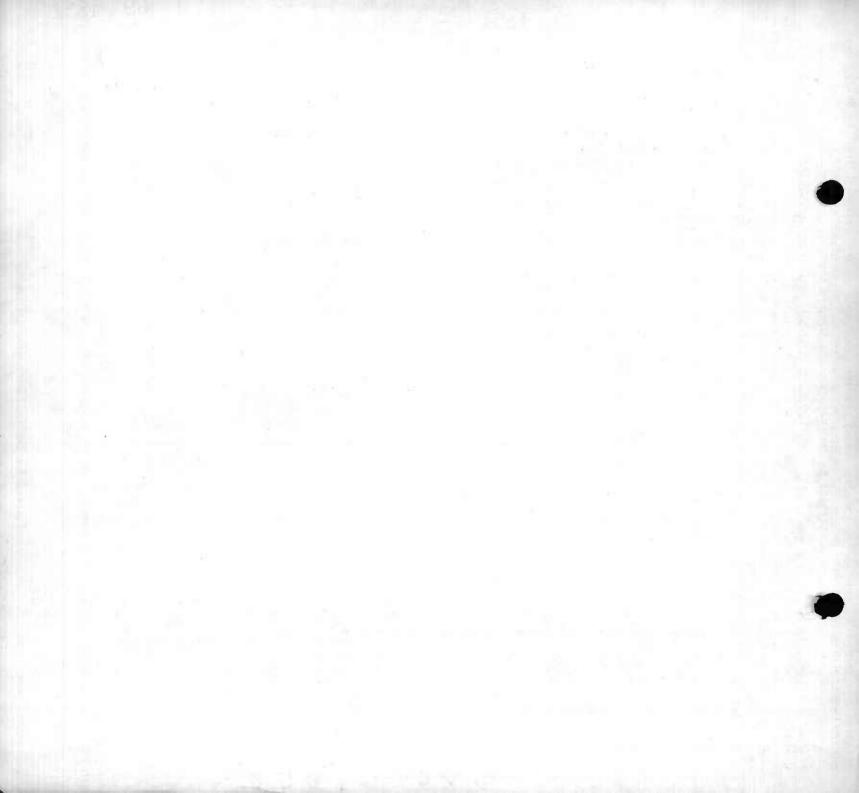
DIRECTOR:

FUNERAL



| 1 | 100 1 | | 69 1850 BALTIMORE CITY HEALTH DEPARTMENT |
|-----------|---|-------------|---|
| 2)4 | 00 | DIE | CERTIFICATE OF DEATH REG. NO. 69 1850 |
| | and eath ased the Such | 1. N | H NO. AME OF DECEASED, Grace M. Deulley e or Print) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH |
| | of de of de Decea e on | 3. 1 | LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) |
| | | | Mineral Baltimore 6 |
| | | HO | L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? |
| | in a ray cau cause; attend ior to | 19 | VORTH CHARLES GEN. BACTIMORE YES NOW |
| | D.= L. | 1 | 10SPITAL 1825 PORTShip Rd. |
| | occurre ontribut ermined regular eased p is made | 5. S | Months: Doys Hours Min. |
| | ontri ermi regu | IOA | WIDOWED DIVORCED 8/2/4 GU USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, 8/RTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? |
| | det in ion | | HOUSE WITE PENNSYLVANIA USA |
| | de Un Vas | 13. | FATHER'S NAME |
| 느 | direct (4) (7) (4) In the dispo | | Thomas John CORA LYNN |
| IMPORTAN | he d cind; deat ce or | 15. (Yes | Nos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 213-52-2988 |
| OR. | f t t t y ly l | - | 18. 4 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AP | his so, ince | | DISEASE OR CONDITION DIRECTLY |
| = | Al Al | | (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE |
| 8. | iner ner. actu pro ular mba | | injury or complication which coused death.) |
| 12 | am mi mi ho ho e e e | - | ANTECEDENT CAUSES (B) CONDITIONS TWOMBERS (B) CONDITIONS TWOMBERS DUE TO, OR AS A CONSEQUENCE OF: |
| DIRECTOR: | exe (3) / in w | | rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (C) |
| | dical dical diras; (3 rsician was ii | | |
| UNERAL | medical physical war | ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| ER | a r ody he p sicio | FICA | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 5 | サーカー | CERTIFIC | 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) |
| 11. | tal by | CAL | DEATH (notify medical examiner) 20 ON CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? |
| | ed by lospinature pt w (6) N ned | _ | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. H-OW DID INJURY OCCUR? |
| | > = = = = | < | OF INJURY (APPROX.) White At Not While At Work |
| | approto to the of any of (except); and be obt | | 22. I certify that (I) (this haspital) attended the deceased fram 1969 ta 2-17 1969, that (I) (we) last saw the deceased olive an 217 1969 and that In (my) (our) opinion death accurred an the date |
| | 0 0 - | | and hour, and from the causes stated abave. (1) (We)/(did) (did not) view the bady after death. |
| | eased ident hospite deat | | 23A. SIGNATURE 23B. DATE SIGNED |
| | ccide to | | Attending Med. Stoff Director Phys. Director 277 69 |
| | ificate my was rely 1) An acci 2.A. at a b d prior to | | 23C. PHYSICIAN'S NAME (Type) A TO 1 TO 2 TO 3 TO 4 TO 3 TO 4 TO |
| | A. A. B. | 24/ | S. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| | This certificate must the body was releas shows: (1) An accide was D.O.A. at a hos deceased prior to de | | Burial 2/19/69 Meadowridge Memorial Park Dorsey, Maryland |
| | This the bashow was decement | 25 | DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR John J. Duda, 7922 Wise Ave. Dundalk, Md. |
| | F = 7 3 0 3 | 1 | 150-REV. 1/1/68 |
| | | Λ2 | 130-16-7, 17 17 00 |





69 1852 BALTIMORE CITY HEALTH DEPARTMENT

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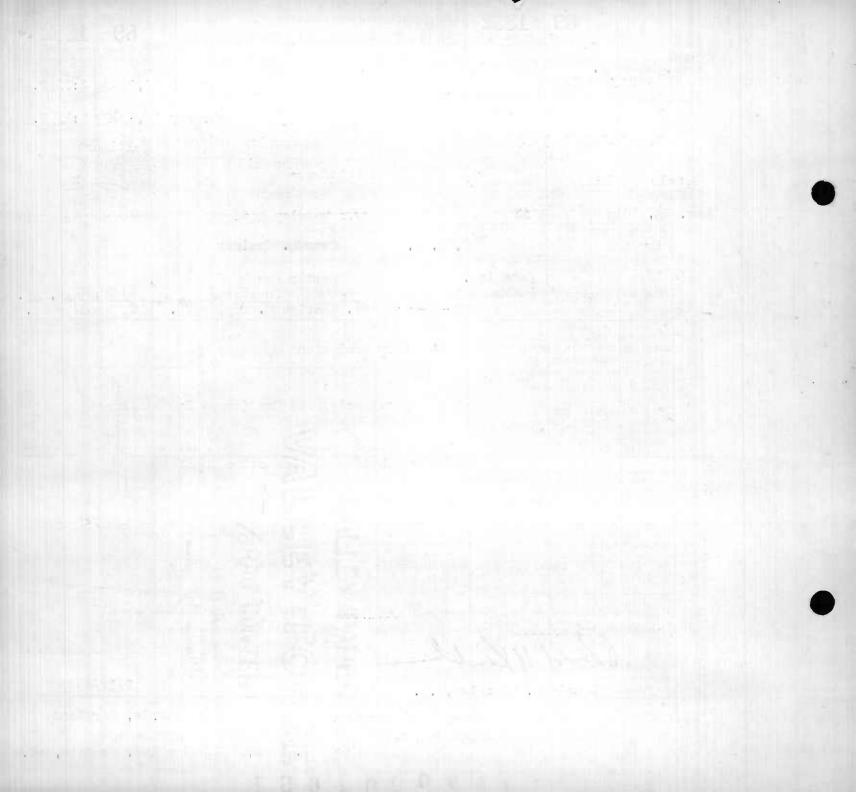
| 5 | TIL NO | | MEL | ICAL | | KAMINER 3 | EKIII | ICATEO | F DEAT | REG. N | 10 | 100 | 11- |
|---------------|-----------------------------|---------------------------|-----------------|-------------|--------|---|---------------|----------------|-----------------------|---------------|--------------------|---------------|--------|
| | TH NO. | EASED J. | | - | | | 2. DATE | Known 🗆 | Month | Doy | Yeor | Hour | |
| (Ту | (Type or Print) MARY TAYLOR | | | | | | | C.42 | | | 16,1969 | | Р.м. |
| 4. | | | | VHERE PRO | ONC | DUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour | I eM. |
| | L NAME OF | (IF NO | TIN HOSPIT | AL OR INSTI | TUTH | ON, GIVE STREET | PRON | OUNCED DEAD | Fob | **** | 16,1969 | 2.25 | T) |
| OR | SPITAL INSTITUTION | | | | | | 5. USUAL | RESIDENCE (WI | | | | | P.M. |
| | CIT | Y HOSPI | TAL (I | 00A) | | | A. STATE | | land | B. COUNT | | - | 3-0 |
| 6. | SEX | 7. RACE | | 8. MARRI | ED [| NEVER MARRIED | | or town Dune | lalk | D. INSID | E CITY LIMITS? | | |
| | Female | Whit | e | WIDOW | ED | DIVORCED . | Bal | timore | | | YES 🗌 | NO X | |
| 9. | DATE OF BIRTI | 4 | 10. AGE (I | n yeors | If Ur | nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min. | E. STREE | AND NUMBER | | | | | |
| N | ov. 25. | 1915 | 10. AGE (I | 53 | MOIII | ns Doys From S Mill. | 6775 | Woodley | Road | | | | |
| 11. | BIRTHPLACE (S | tote or foreig | | | | ITIZEN OF | | ER'S NAME | 11000 | | | | |
| | Mary | land | | | ٧ | VHAT COUNTRY? | | Owen L. I | rainor | | | | |
| 144 | USUAL OCCU | PATION (Give | e kind of work | 148. KIND | | BUSINESS OR INDUSTRY | | | 100 | | | | |
| dor | Saleslad | orking life, ev | en if retired) | Katz | Tr | 1C. | | Bertie Ho | ugh | | | | |
| 14 | WAS DECEAS | ED EVED IN | IIS ADME | D E OPCESS | 2 | 17. SOCIAL | 18. INFO | | usband) | | ADDRESS D | undalk | Ma |
| (Ye | s, no or unknown) | (If yes, give w | vor or dotes | of service) | | 212-10-4062 | | Charles C | , | n Cm | 6775 W | | |
| _ | 19. | - 54 | | | | CAUSE OF DEA | | Charles C | · layio | T. DL. | | PPROXIMATE IN | |
| | 410 | 1.7 + | | | | CAUSE OF DEA | III | | | | | WEEN ONSET A | |
| | | E OR COND | | CTLY | | Coronary | occ1 | usion | | | | | |
| | | LEADING TO of meon the | _ | | | (A)IMMEDIATE | | 1 | | | | | |
| | heort foilure | , osthenio, etc. | . It meons the | e diseose, | | DUE TO, OR A | AS A CONS | EQUENCE OF: | | | | | |
| | injury or con | aplication which | n coused de | om.) | | | | | | | | | |
| | 1A | NTECEDENT | CAUSES | | | (8) | | erotic Ca | rdiovas | cular | Disease | | |
| | DISEASES (| OR CONDITION | ONS, IF AN | Y, GIVING | | DUE TO, OR | AS A CON | SEQUENCE OF: | | | | | |
| 7 | | IG CONDITI | | mito inc | | (c) | | | | | | | |
| <u>ō</u> | | | II | | _ | | | and Ties | | | | _ | |
| CERTIFICATION | | IFICANT CON | IDITIONS C | | | Acute Eth | iyiism | and List | erine i | ngesti | .on | | |
| | | CONDITION | | | NAL | +====================================== | | | | | | | |
| FRT | 20A. DATE OF | OPERATION | 1 20B. CO | NDITION F | OR | WHICH OPERATION W | AS PERFO | RMED | | | 21. AUTO | OPSY? (Yes | or No) |
| | 21 | | | | | | | | | | | yes | |
| Y | 22A. EXTER | NAL CAUSE | WAS | 2 | 22B. F | PLACE OF INJURY(e.g., | in or obou | 22C. WHERE DI | D (If in Boltimo | re City, give | e exoct location) | <u> </u> | |
| 음 | UNDERLYING | | | · · | nome | , form, foctory, street, offic | e bldg., etc. | INJURY OCCUP | ? | | | | |
| MEDIC, | UTING L CA | ** / | oy) (Yeo | r) (Hour) |) [2: | 2E.INJURY OCCURRED | | 22F. HOW DID | INJURY OCC | UR? | | | |
| | OF INJURY (APPROX.) | | | | V | WHILE AT NOT | WHILE | | | | | | |
| | 23. | | | - | m.] V | VORK AT W | ORK L | | | | | | |
| | | ify that I he | eld on I | nauiry [| 1 | Inspection Au | topsyXX | ond that a | this basis, | deoth In | my opinion | | |
| | | red from: N | | | | ccident Suicio | | Homicide | Undetermi | | | | |
| | result | red from: | ayurar cat | 1262 47 | - | cerdeni 🗀 Surero | 16 🗀 | | A STATE OF THE PARTY. | nea mann | er 🗀 | | |
| | ACTUAL | 1/ | 1.8. | 1/1/ | /, | 16 | 4.0 | CHIEF MEDICA | | H | | DATE SIG | NED |
| | SIGNATI | JRE V | 13 | ME | a | M.C | | | | AXX | | | |
| | EXAMIN | | bloco | M Van | | 1 M D | AS | SOCIATE MEDICA | AL EXAMINER | | 2/17 | 1/69 | |
| 24 | A. BURIAL CREA | | 48. DATE | M. VOI | | olum, M.D. | or CREMA | TORY 12 | D. LOCATION | 1 (City | town, or county | | ote) |
| | MOVAL (Speci Burial | | 2/20/ | 169 | | Cedar Hill Ce | | | | | rnie, Ma | | |
| 25 | A. DATE REC'D | Mad from the As | DEPT. 9 1969 | | | OF REGISTRAR | T. | hn J. Due | | 2 Wise | ADDRESS Ave. Du | ındalk, | Md. |
| VS | 151-REV. 1/1/68 | 3 | | 1 (3 | | 000 | 0 1 | 0 [7 | 1 | | | | |

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| MAS 53-63-70] | | H-62 69 1854 BALTIMORE C | CITY HEALTH DEPARTMENT | CO 1051 |
|--|---|---|--|--|
| 2 t D o t | DII | CERTIFIC | CATE OF DEATH REG. NO. | 03 1004 |
| c to set o | 1.1 | NAME OF DECEASED | rrison 2. DATE AND HOUP OF DEATH | (P21) - |
| de de s | | HOWARD Clarage Harrison | 2-17-69 | 70P M. |
| the Det | 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY | stitution: residence before admission) |
| hosp se (5) I ance | FL | JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | MARYLAND BALTIMORE | 53-00 |
| | IN | STITITION | c. CITY OR TOWN Dundalk | DE CITY LIMITS? |
| | | BALTIMORE CITY HOSPITALS | | YES NOK |
| d in a cau | | 3 / 4940 EASTERN AVE. Balto. MARYLAND 21224 | E. STREET AND NUMBER 2935 CORNWALL RD. 21222 | 005 |
| ar de de | S | SEX 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Yr. If Under 24 Hrs. |
| occurre ontribut ermined regular | , | ALE WHITE WIDOWED DIVORCED | last birthday) | Months Doys Hours Min. |
| | | A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS | | 12. CITIZEN OF WHAT COUNTRY? |
| ath in det | | re during most of working life, even if retired) Fireman Sparrows Point Fire Dept. | MARYLAND | U.S.A. |
| D D D S O | 13. | Fireman Sparrows Point Fire Dept. | 14. MOTHER'S MAIDEN NAME | |
| the the | 3 | HOWARD Harrison | NELLIE Sullivan | |
| | 15 | Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL | 17. INFORMANT | ADDRESS |
| AN Andread | - IIY | s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | | |
| Ssissis A A D D D D D D D D D D D D D D D D D | | 100 | 2011 1230 01100 t 4/40 12110 1121 | |
| IMPORTAN or his assistant Also, if the di e of any kind; ounced death ustendance on | 5 | 18. 2 0 4 1 CAUSE OF DE | ATH \ \ \ \ \ A | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| A Pin | 3 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | me (ymphalic | 4915. |
| 0 4 5 5 9 7 | - 11 | (This does not mean the mode of dying, e.g., DUE TO, OR | AS A CONSEQUENCE OF: | |
| R. er. | | hearl failure, asthenia, etc. II means the disease, injury ar camplication which coused death.) | Ellema | |
| O initial o Be | b | ANTECEDENT CAUSES | | |
| C SEA 4 5 5 | ע | DISEASES OR CONDITIONS, if ony, giving DUE TO, OI | R AS A CONSEQUENCE OF: | |
| DIRECTOR: ical examiner al examiner. s; (3) A fractu ctian who pre tin regular | <u>^</u> | rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C) | | |
| D ical | E N | 1 | | |
| med med burr burr burr w | ATION | | | |
| E 4 E 7 E 10 | | | 120A AUCORONA IV NO. 20D IF YES WEST | CINIDINGS CONSIDERED |
| Sicolo Sicolo | CERTIFIC | 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| D 00 00 00 00 00 00 00 00 00 00 00 00 00 | CER | | .g., in or about 21 C. WHERE DID (If in Boltimor | e City, give exact location) |
| | CAL | OR CONTRIBUTING CAUSE OF home, form, foctory, stree | t, office bldg., INJURY OCCUR? | |
| 1 × 1 × 1 | 0 0 | 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| b s t + (6) | MEDI MEDI | (APPROX.) While At Not | While | |
| No o | | Work - At V | 2 -17 1069 2 | -17 69 |
| | Ö | 22. I centry (fartt) (this hospital) ottended the deceased from | 10 (2) | nion deoth occurred on the date |
| 0 to | e e | that(I) (wax last saw the deceased alive on | | nion deorn occurred on the gare |
| the anset to ent of spital | TSO E | and hour and from the causes stated above. (1) (Wa) (did) (did no | i) view the body offer deoffi. | 23B, DATE SIGNED |
| must eleas ccide to do | E | 1 00 V (10 door MD | Attending Med. Staff | 2/12/16 |
| | 5 | 23C. PHYSICIAN'S | Phys. Director Phys. 23D. ADDRESS DATE TO SORT OF THAT | 2/1/16/ |
| was r An a Prior | 0 | NAME (Type) LEE J. CORDOVA, M.D. | BALT IMORE CITY HSUF | |
| certificate sody was r ss. (1) An a D.O.A. at ased prior | D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | QE- | | 21224 ity, town, or county) (State) |
| F. D. O. S. | | REMOVAL (Specify) | | Amana Manuland |
| | - | Burial 2/21/69 Oak Lawn Ceme A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | timore, Maryland |
| This the I show was | 3 11 | EEB 19 1969 P. Conto 2 Factorina | 2 2 2 2 20000 111 | |
| .= 4 0, 2 0 1 | | 150-REV. 1/1/68 | 0 8 5 3 | |
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| 69 1855 |
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| CENTIFICATE OF DEATH REG. NO. 1001 |
| B Ø ← D 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH |
| (Type or Print) |
| Meier Caroline Feb. 13, 1969 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odnication) A, STATE B, COUNTY |
| HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? |
| Harbor view Nursing Center Baltimore YES NO NO NO NO NO NO NO NO |
| 1213 Light Street Balt., Md. 21230 STREET AND NUMBER 3718 Claremont Ave. 21224 |
| 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months: Days Hours; Min. |
| Female White WIDOWED DIVORCED 2 -16-74 94 |
| 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY |
| done during most of working life, even if retired) Housewife Germany U.S.A. |
| 13. FATHER'S NAME |
| Bolkhardt, Maximillion Christina 7 |
| 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS |
| and 10 region Name December Above |
| unknown 215=10=5054 Nursang nome Records Above Approximate interval |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: |
| neori follure, osinenio, etc. Il means ine disease, |
| injury or complication which caused death.) Coraclary list. Selection |
| ANTECEDENT CAUSES (B) CIRCLENIO Sel. C-V His. |
| DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: |
| underlying condition lost. (c) Cor, Cutterios clerasis - Finely |
| C) |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| TO THE DEATH BUT NOT RELATED TO THE TERMINAL Arteriasclerosis |
| DISEASE OR CONDITION GIVEN IN PART I (A). |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) While At Not While At At Work |
| |
| 22. I certify that (I) (this haspital) attended the deceased from Feb. 10 19 69 to Feb. 13 19 69 |
| that (1) (we) last saw the deceased alive an Feb. 12 19 69 and that in (my) (aur) apinion death accurred an the date |
| and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. |
| 23A. SIGNATURE 23B. DATE SIGNED |
| Cernistle Crullertz Attending Director Phys. 2/14/69 |
| 23C. PHYSICIAN'S 23D. ADDRESS |
| NAME (Type) |
| Kenneth Krulevitz DEGREE 115 W. Monument St. Balt. Md. |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| Burel 2/15/69 Jaklaus Comexeus Dalto, Md |
| 25A. DATE REC'D BY HEALTH, DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS |
| 1908 Obline E. Jarber MA (Joseph n Zanneno 263 & Conkley S. |
| /S 150-REV. 1/1/6B |

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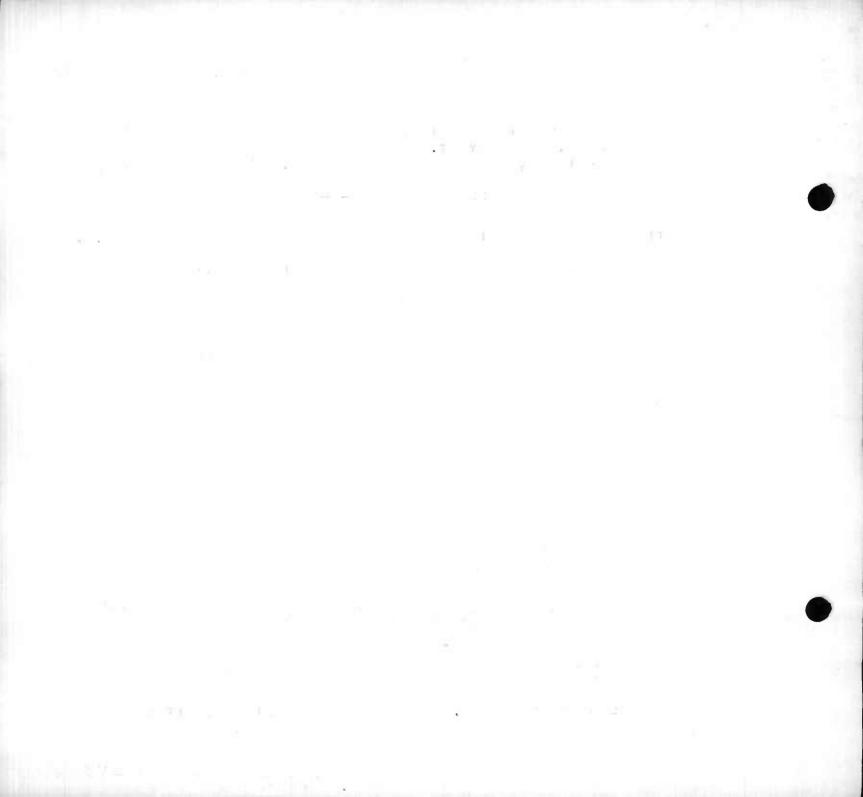
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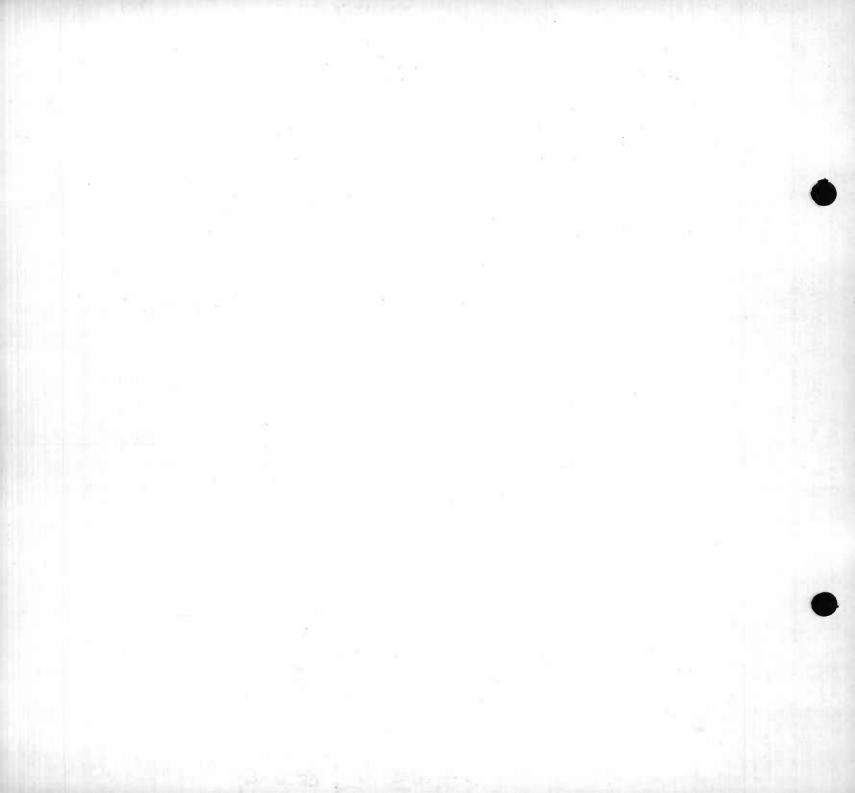
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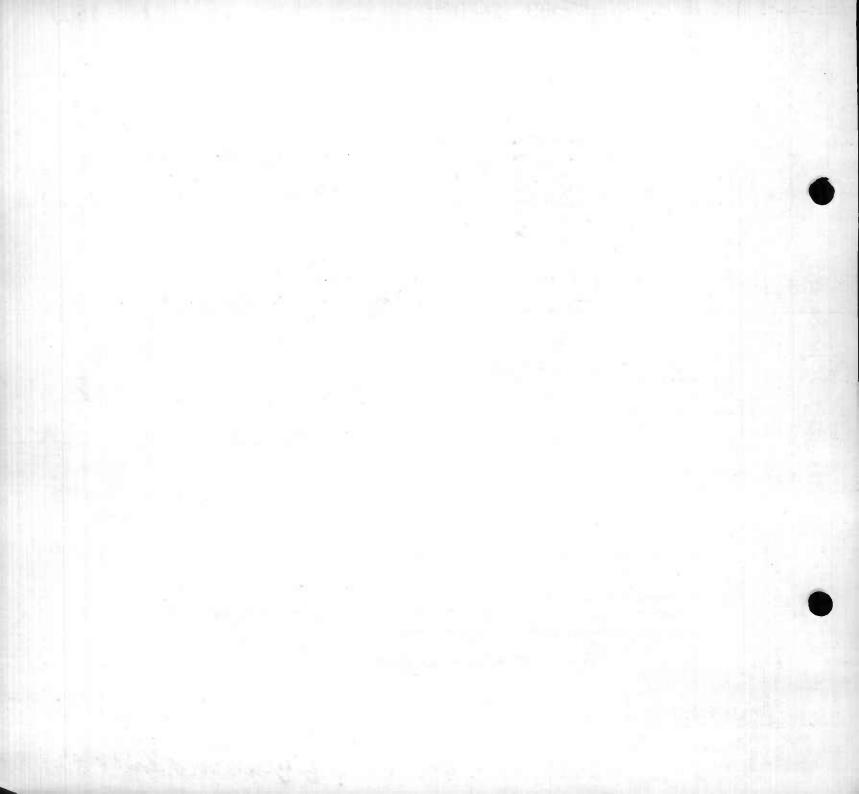
. KAUDE O

| BIRTH NO. | 69 | 1858 | | TE OF DEATH | REG. NO. | 9 1858 |
|---|---|-------------------------|--|---|---------------------------------|--|
| 1. NAME OF DECEA | | 0110115110 | | | AND HOUR OF DEATH | |
| | | CURKEND | | F | 83 17 196 | 9 1455/0 |
| 3. PLACE IN BALTI | ADRE MARYLAND, W | VHERE PRONOUN | ICED DEAD | 4. USUAL RESIDENCE (WA. STATE B. COL | here deceased lived If in | stitution: residence before admission |
| FULL NAME OF | (IF NOT IN HOSPIT | AL DE INSTITUT | ION, GIVE STREET | MARYLAND | | X-41 |
| HDSPITAL DR | | | OSPITAL | C. CITY OR TOWN | D. INS | IDE CITY LIMITS? |
| 33 | 601 N. E | | | BALTIMORE | | YES NO |
| | BALTIMOR | | 31. | E. STREET AND NUMBER | YNDELL AVE | 24247 |
| 5. SEX 6. | RACE | | NEVER MARRIED | 8. DATE OF BIRTH | | |
| F | W | WIDOWED | DIVORCED | 8-5-88 | 9. AGE (In years lost birthdoy) | Months Days Hours Min. |
| OA. USUAL OCCUP | ATION (Give kind of work king life, even il retired) | 108, KIND OF B | USINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fo | reign country) | 12. CITIZEN OF WHAT COUNTE |
| RETIR | | RETIF | RED | | | |
| 3. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN N | AME | U.S. |
| BRAKE | GORGAN | | | | ARMSTRONG | |
| 5. Was Deceased Ey | er in U. S. Armed For yes, give wor or dote | ces? | 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| Copino di Bilatiowiti di | yes, give wor or dote | | SECURITY ND. | | | |
| 18. // 5 / | 0. | 16 | CAUSE OF DEAT | | | |
| TOISEASE | OR CONDITION DIS | TOTI V | ONOSE OF DEATH | • | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| LE | ADING TO DEATH | KECILI | | | - 0. | 7 |
| (This does nat | meon the mode of | dying, e.g., | | SE CEREBRAS A A CONSEQUENCE OF: | arcusen ec | eserge received |
| injury or compli- | henio, etc. It means ation which caused | the disease, dea)h.) | 2221010000 | CONSEQUENCE OF: | | |
| 1 | ECEDENT CAUSES | | | | | |
| | CONDITIONS, if | any giving | (B) | A CONSEQUENCE OF: | | |
| rise to the | bove cause (A) | sloting the | | A CONSEQUENCE OF: | | |
| UNDERLYING C | ONDITION last. | | (c) | *************************************** | | |
| Z OTHER SIGNIEICA | II NTCONDITIONS COL | ITDIDI ITILI I | | | | |
| TO THE DEATH B | UT NOT RELATED TO TH | AF TERMINIAL | | | | |
| OTHER SIGNIFICATION THE DEATH BE DISEASE OR CON 19A. DATE DF DF | ERATION 198 CON | DITION FOR WHI | CH OPERATION | 20A. AUTDPSY? (Yes or h | o) 208 IE VEC WERE | INDINGS CONSIDERS |
| h | WAS PERF | DRMED | | | IN CERTIFYING CAL | INDINGS CONSIDERED JSES OF DEATH? |
| | WAS UNDERLYING | 218. PL | ACE OF INJURY (e.g., in | or obout 21C, WHERE DID | (II In Boltimore | City, give exoct location) |
| DEATH (notify me | dicol examined | etc.) | ioni, locioly, sheet, of | ice bldg. INJURY OCCUR? | | |
| 21D. TIME (M | onth) (Doy) (Year) | | JURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| E OF INJURY | | While | | | | |
| 22. Leastify the | t (1) (this hospital) | Work | Al Work | 96 44 4 7 7 | | |
| | t saw the deceased | | | V 1 0 6 | - | may 17 19 69 |
| , | | | | | | ian death occurred on the dot |
| 23A. SIGNATURE | m the causes state | ed Obave. (I) (Y | (414) (414 not) v | ew the body ofter death. | | |
| 0.4 | stule | . 0- | 1 Dia | ding Med. | Staff Phys. | 23B, DATE SIGNED |
| Kla | | 7 446 | DEGREE Phys. | Director L. | Phys. Lad | Jul-17, 1969 |
| 23 C. PHYSICIAN'S | | | | | | |
| 23 C. PHYSICIAN'S NAME (Type) | ALAN EDEE | LAMP | M D | Janua Harr | The History | |
| AA. BURIAL CREMA | ALAN FREE | LAND 24C.NAME | Me D DEGREE | | INS HOSPIT | |
| 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMA' REMOVAL (Spec | ION, 24B, DATE | LAND 24C, NAME | M.D. DEGREE E OF CEMETERY OF CREE TENT | | | A L. (, town, or county) (Stole) |





| MAS 21-43-75 | M-3 69 1860 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 1860 |
|--|--|
| ch e th | BIRTH NO. |
| tal and f death eccased on the h. Such | 1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) |
| 9 9 9 9 | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY |
| a hos cause se; (5) ndanc to de | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS? |
| | BALTIMORE CITY HOSPITALS BALTIMORE YES NO E. STREET AND NUMBER |
| 7.= | BALTO. MD. 21224 4940 EASTERN AVE. 21224 |
| occurre ontribut ermined regular sased p | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. Min |
| 00 - 0 - | emale White WIDOWED DIVORCED 11-11-9/89/ 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| or cordinate or co | Balli Md |
| if dea rect or (4) Und was i | JACOB SEIDEL 14. MOTHER'S MAIDEN NAME MARIA BROZ |
| | 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. |
| assistant if the di ny kind; od death lance on r final di | 136-16-24 BCH RECORDS: 4940 EASTERN AVE. 21224 CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL |
| IMPORTAN or his assistant Also, if the di s of any kind; ounced death attendance on | DISEASE OR CONDITION DIRECTLY |
| | (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF: |
| iner of ner of acture of pron | heort foilure, osthenio, etc. It meons the diseose, injury ar complication which coused death.) |
| CTOR amine amine A frac /ho p | ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: |
| Cal examiner all examiner. s; (3) A fracture who pre in regular in sire medians. | rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C) ASCVD |
| . Giris An | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING |
| ef med med dy buncian version | TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| Z chi S chi Z | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY2 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DtD hame, farm, foctory, sheet, office bidg., this process of the process o |
| 2 2 2 D | OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| proved the hosen my nath except and (6 | Work At Work |
| appro f any f any 1 (exc | 22. I certify that (A) (this hospital) attended the deceased from 6 5 6 19 to 14 1961, that (What in 1961) (our) opinion death occurred on the date |
| 0 7 0 5 4 4 | ond hour and from the causes stated above. (4) (We) (did) (did not) view the body after death. |
| 20.5 6 6 | 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 4. Shoff 2 C. D. I. U. C. |
| 0 - 0 - > | 23C. PHYSICIAN'S, NAME (Type) 23D. ADDRESS 23D. ADDRESS |
| Kica wa A. a pri ppri | 10 CH: 4940 EASTERN AVE. 21224 |
| £ \$50.85 | 24A. BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, o county) (State) |
| This certif the body shows: (1) was D.O deceased written a | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS 25C. FUNERAL DIRECTOR 25C. FUNERA |
| F + 0 > 0 > | VS 150-REV. 1/1/6B Callanger! |



VS 150-REV. 1/1/68

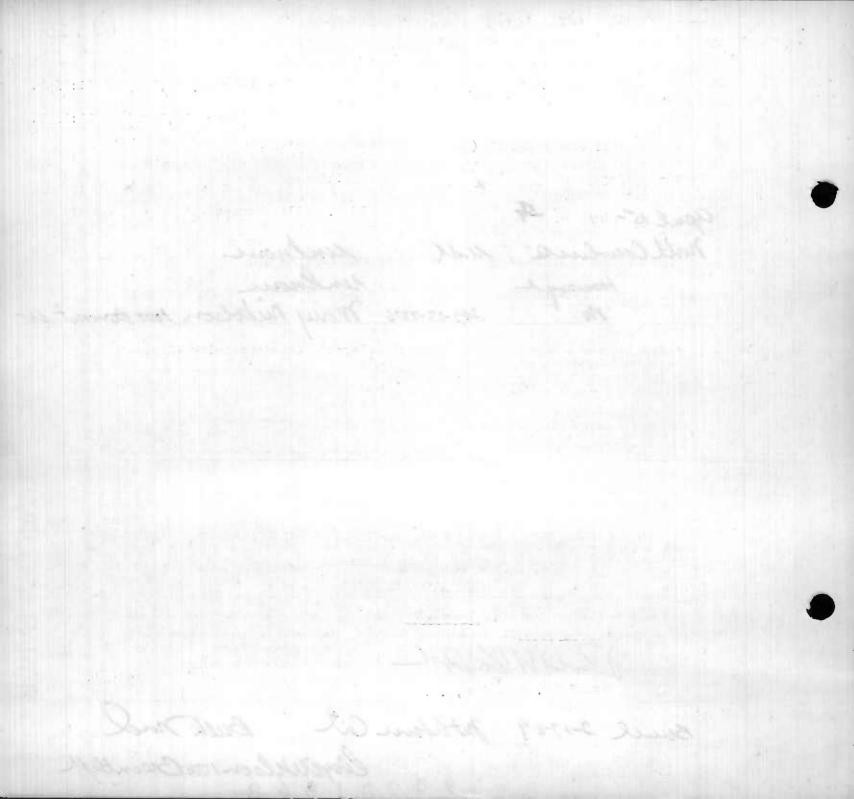


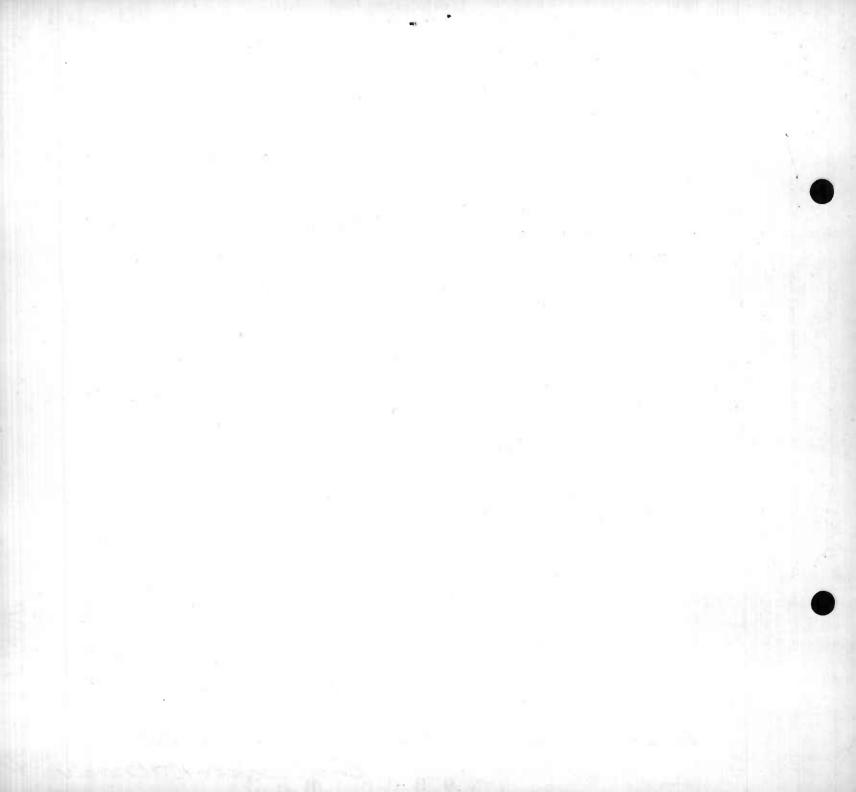
69 1862 BALTIMORE CITY HEALTH DEPARTMENT

| | | | MED | ICAL | EXAMINER | SC | CERTIFIC | CATE C | F DE | AT | REG. NO | 0 | 0 1 | .004 |
|--|--|------------------|------------------------------|-------------|--|---------------|-------------------|---|------------|--------------|---------------|---------------|--------------|---------|
| | TH NO. | FACED | | | | | II. DATE | | | | | | | |
| (Type or Print) Clark Cunningham | | | | | 2. DATE OF | Known 🗌 | Mor | | Doy | Yeor 7040 | Hour 7.00 | MC | | |
| 4 | DI ACE IN RAI | | - | | ONOUNCED DEAD | | DEATH 3. DATE | Estimated | Xt 2 | | 15 Doy | 1969 Yeor | 7:00 |) PM |
| FUL | L NAME OF | (IF NOT | IN HOSPITA | LORINST | TUTION, GIVE STREET | | | INCED DEAD | 2 | | 15 | 1969 | 7:45 | 5 PM |
| HO | SPITAL INSTITUTION | ADDRE | SS OR LOCAT | ION) | | | 5 HSHALD | ESIDENCE (WI | | | | | | M. |
| 6 | 00 | 869 Re | inhard | t Str | eet | | A. STATE | aryland | | E | COUNTY | C. residence | 21-0 | 2 |
| 6. 5 | | 7. RACE | | B. MARRI | ED NEVER MARRIE | D 🗌 | C. CITY OR | | | | D. INSIDE C | CITY LIMITS? | | |
|] | Male | Colore | d | WIDOW | ED DIVORCE | D 🔲 | 1 | Baltimor | e | | - | YES X | NO 🗆 | |
| | ATE OF BIRTH | 1 | 10. AGE (In lost birthday | 1 | If Under 1 Yr. If Under 2 Manths, Days, Hours | | | ND NUMBER | | - 9+ | | | | |
| | BIRTHPLACE (S | tate or foreign | D country) | | 2, CITIZEN OF | | 13. FATHER | | ilai ut | 5 50 | 1 66 0 | | | |
| | North C | | | | WHAT COUNTRY? | | IS. FAIRER | 2 IAWME | | | | | | |
| | | | | AR VINID | U.SA. OF BUSINESS OR IND | LICTRY | Jame | s Cunn | ingh | am | | | | |
| don | during most of w | orking life, eve | en if retired) | 40. KIIAD | OF BUSHIELDS OR HAD | USIKI | 13. MOTHE | S MAIDEN I | MAIME | | | | | |
| _ | ardener Was deceasi | | I S ADMED | FORCES | 17. SOCIAL | | Regi | na Clay | rk_ | | | ADDRESS | | |
| (Yes | , no or unknown) | (If yes, give w | or or doles | of service) | |). - ~ ~ ~ | | | rham | 6 | | | | |
| | no | | | | 215-01-8 | | | Odinizi | SITAIII | 0. | ll Ar | | PROXIMATE IN | ITERVAL |
| | 4-3 | 1.71 | | | CAUSE OF | DEA | ın | | | | | | EEN ONSET A | |
| | | OR CONDI | | TLY | Mas | siv | e spont | aneous | intra | acer | ehral | | | |
| | Ame . | EADING TO | | na. e.a | (A) IMMED | IATE C | AUSE | e spontaneous intracerebral AUSE S A CONSEQUENCE OF: hemorrhage. | | | | | | |
| | heart failure, | osthenio, etc. | I meons the | diseose, | DOE IC | J, OK A | AS A CONSEQ | S A CONSEQUENCE OF | | | | | | |
| | | | | , | 391 | | | | | | | | | |
| | | ITECEDENT (| | 0111110 | (B) | O.P. | AS A CONSE | DUENCE OF | | | | | | |
| | RISE TO THE | ABOVE CAL | JSE (A) STAT | | DUE IC | J, OK | AS A CONSE | JUENCE OF: | | | | | | |
| z | UNDERLYIN | IG CONDITI | ON LAST. | | (C) | | | | | | | | | |
| | | | 11 | | | | | | | - 19 | | | | |
| CERTIFICATION | TO THE DEA | TH BUT NOT | RELATED TO | THE TERMI | | | | | | | | | | |
| E | | CONDITION | | | OR WHICH OPERATIO | AL MA | AC DEDECORA | ED | | | | IN ALITO | PSY? (Yes c | - Na |
| S. | 1 | OFERATION | 200. CON | DIIION | OR WHICH OPERATIO | NA AAN | 43 PERFORM | IED | | | | Ye | | 1 140) |
| | 22A. FXTERI | NAL CAUSE | WAS | 12 | 28. PLACE OF INJURY | 1100 | in ar about 2 | 2C WHERE DI | D /II in B | altimore | City sive s | | :5 | |
| MEDIC | UNDERLYING UTING CA | OR CONT | TRIB- | ĺ | nome, form, foctory, stree | t, office | e bldg., etc.) II | VIURY OCCUP | ?? | ommore | City, give e. | ioci roconon) | | |
| Σ | 22D. TIME (| | oy) (Year |) (Hour | 22E.INJURY OCCU | RRED | 2 | 2F. HOW DID | INJURY | OCCU | R? | | | |
| | OF INJURY (APPROX.) | | | | m. WHILE AT WORK | | WHILE ORK | | | | | | | |
| | 23. | | | | | | | | | | | | | - |
| | I certi | ify that I he | eld on Ir | quiry _ | Inspection | Au | topsy X | and that o | n this bo | asis, a | leoth in my | y opinion | | |
| | resulted fram Notural couses 🗷 Accident Suicide 📗 Hamicide 📗 Undetermined manner | | | | | | | | | | | | | |
| | ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED | | | | | | | | | | | | | |
| | SIGNATU | RE_/ | M | 110 | 1 (M | _M.D | ASSI | STANT MEDICA | AL EXAMI | INER | κ. | 2/16/1 | | |
| | EXAMINI NAME (T | R'S | Werner | r U. | Spitz M.D. | 7 | | CIATE MEDICA | AL EXAMI | INER (| | 2/10/1 | -707 | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, 10wn, | | | | | | | vn, or county |) (Sto | le) | | | | | |
| KE | Bur isa'i | γ) | 2-20-6 | 59 | Mt. Cal | ver | | | | klyı | n, Mai | ryland | l | |
| 25 | DATE REC'D | BY HEALTH D | DEPT. | 258. N | AME OF REGISTRAR | | | UNERAL DIRE | | | | ADDRESS | | |
| | (mily | D 10 | 1000 | | 07.0 - | | Cha | arles A | A. Ri | ice | 661 | W. Ba | rre S | st. |
| VS | 151-REV. 1/1/68 | - L-V | 1902 (| Sec. | 3 | 17 | 0 1 | 0 / | 1 | | | | | V |

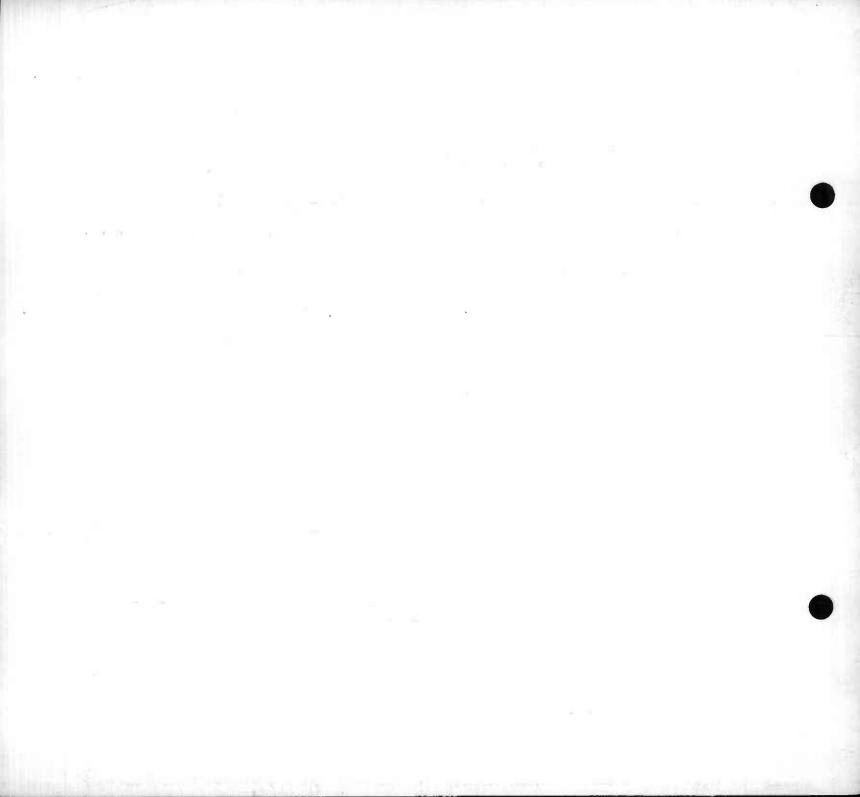
· 2 - 1 - 1 - - 1 MANUAL COLUMN CO

| MEDICAL EXAMINER'S (| LERTIFICATE OF DEATH REG. NO. |
|--|---|
| 1. NAME OF DECEASED | 2. DATE Known Month Doy Year Hour |
| (Type or Print) DAISY PLEASANT | OF DEATH Estimoted February 13,1969 11:15 P. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Year Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | PRONOUNCED DEAD February 13,1969 11:15 P.M. |
| CHURCH HOME AND HOSPITAL (DOA) | S. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission) A. STATE Maryland B. COUNTY |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Female Negro widowed ☑ Divorced ☐ | Baltimore YES NO NO |
| 9. DATE OF BIRTH 10. AGE (In years of lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. | |
| 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| north Cenvolus Q. WHAT COUNTRY? | Un knows. |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired) | Y 15. MOTHER'S MAIDEN NAME |
| House of L | rendenous |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I yes, give wor or dates of service) SECURITY NO. | 18. INFORMANT ADDRESS |
| NU 742-03-3376 | Mary McRolson 1001 Boneput St |
| 19. 4 / CAUSE OF DEA | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | sclerotic cardiovascular disease |
| LEADING TO DEATH (A)IMMEDIATE (A)IMMEDIATE (This does not meen the mode of dying, e.g., | CAUSE AS A CONSEQUENCE OF: |
| heort loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) | AS A CONSEQUENCE OF: |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | AS A CONSEQUENCE OF: |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. | |
| -0 | no |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office uting CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED | in or obout 22C. WHERE DID (If In Boltimore City, give exact location) te bldg., etc.) |
| OF INJURY | WHILE COLORY |
| | VORK [] |
| | stapsy and that on this bosis, deoth in my opinian |
| resulted fram: Natural causes XX Accident Suicident | |
| 0 111/11 | CHIEF MEDICAL EXAMINER |
| SIGNATURE SIGNATURE MUCH M.E | ASSISTANT MEDICAL EXAMINER XXX |
| EXAMINER'S Ronald N. Vormblum N. D. | ASSOCIATE MEDICAL EXAMINER 2/14/69 |
| NAME (Type) ROTTE IN . ROTTED LUTE, M.D. | or CREMATORY 24D. LOCATION (City, town, or sporty) (Stote) |
| REMOVAL (Specify) 2-17-69 DIFFERENCE | Cat Brook now |
| 25A. DATÉ REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| BEB 191969 R.C. 52, January | V1 |
| VS 151-REV. 1/1/6B | 01010 |



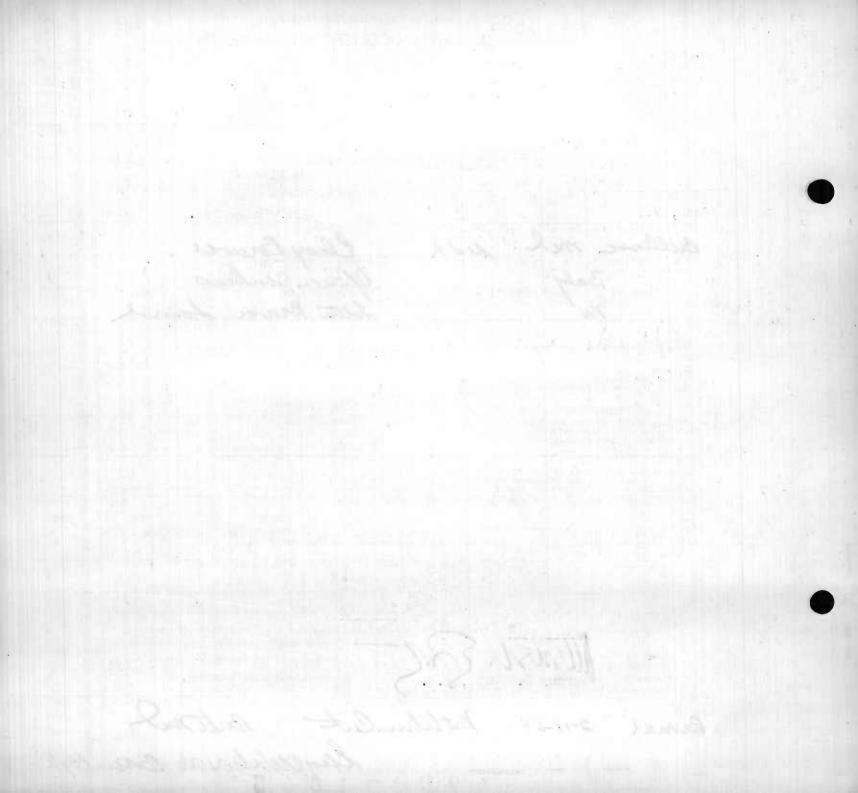


| | 69 1 | 865 BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1865 |
|-------------|--|----------------------------------|--------------------------------|----------------------|---|
| - | BIRTH NO. | CERTIFICA | TE OF DEATH | REG. NO | 00 1000 |
| | NAME OF DECEASED | | | D HOUR OF DEATH | |
| - 119 | Type or Print) Mary Gaine | | | 4-69 | |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR | ONOUNCED DEAD | | | nstitution: residence before admission) |
| -]} | | | A. STATE B. COUN | ITY | 41 0 7 |
| - 11 | FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) | NSTITUTION, GIVE STREET | Maryla | | 4-02 |
| | Provident Hos | | C. CITY OR TOWN | | IDE CITY LIMITS? |
| | 39 1514 Division | | Baltimore E. STREET AND NUMBER | e | YES X NO |
| 1 | Baltimore, Ma: | | | | |
| 5 | | RIED X NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | |
| | to the same of the | | | lost birthdoyl | Months Doys Hours Min |
| \parallel | Femal Negro WIDO OA. USUAL OCCUPATION (Give kind of work 10B. KIN | DIVORCED DIVORCED | 11-7-02 | 67 | |
| d | one during most of working life, even if retired) | | | | 12. CITIZEN OF WHAT COUNTR |
| Ļ | <u> Housewife</u> | | Baltimore, | | U.S.A. |
| ' | 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | ME | |
| | James Smile | | unkn | ence | |
| 1.0 | S. Was Deceased Ever in U. S. Armod Forces? es.no grunknown) (If yes, give war or dotes of serv | 1 6. SOCIAL SECURITY NO. | 17 100 0014 4417 | husband) | ADDRESS |
| | h) | 4 - 4 - | | , | 073 1/ 17 |
| H | 18. // / / 8 | CAUSE OF DEATH | Mr. Clifton | Gaines | 211 Myrtle Ave |
| | DISEASE OR CONDITION DIRECTLY | 0.002 01 02//// | · × = | | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | | - M | P. Com Paris | 1 |
| | (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise | e.g., DUE TO, OR AS | SE Mys Caudio | e ragane | en m |
| | injury or complication which caused death.) | ase, | U | | |
| | ANTECEDENT CAUSES | 7.00 | | | 1 |
| | DISEASES OR CONDITIONS, if any, gir | vina DUE TO, OR AS | A CONSEQUENCE OF: | ************* | *************************************** |
| | rise to the above cause (A) stating UNDERLYING CONDITION last. | IIIO | | | |
| | | (C) | | | |
| 1 | OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | 10 | | | |
| 1 | - ITO THE DEATH BUT NOT BELL TED TO THE TERM | NG NAL | | | |
| 3 | DISEASE OR CONDITION GIVEN IN PART 1 (A). | OR WHICH OPERATION | 20A. AUTOPST? (Yes or No) | 20B. IF YES WEDE | EINDINGS CONSIDERED |
| 1 | WAS PERFORMED | | | IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| 1 | 21A. ACCIDENT WAS UNDERLING OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY le.g., in | or obout 21 C. WHERE DID | (If In Boltimor | o City, give exoct location) |
| 3 | DEATH (notify medical examiner) | home, form, foctory, street, aff | ice bidg., INJURY OCCUR? | | |
| 1 | | 21E INJURT OCCURRED | 21F. HOW DID INJU | INV OCCUPA | |
| 1 24 | OF IN ILLET | While At Not White | | JRT OCCUR? | |
| | | WOR M AT WOR | | | |
| li . | 22. I certify that (1) (this haspital) attended | | | 9 69 to 2 | -14- 19 69 |
| | that (i) (we) lost saw the deceased alive | on2_14_ | 19 <u>69</u> and tha | t in (my) (aur) apti | nian death accurred on the date |
| | and haur and from the causes stated above | e. (1) (We) (did) (did nat) vi | ew the body ofter death. | | |
| | 23A. SIGNATURE | | | | 23 B. DATE SIGNED |
| | Vingma y. Lough | M. D. Decrees Phys. | ding Med. | Shaff Phys. | 2-14-69 |
| | 23C.PHYSICIAM'S NAME (Type) | DEGREE | 3D. ADDRESS | mys. | 2-14-09 |
| | | | | | |
| 24 | Dr. Fausto | DEGREE | | ion Street | |
| | REMOVAL (Specify) | A to the | 24D. LO | CATION (Cit | y, town, or county) (Stole) |
| 1 | Jun 4-11-69 | Menullo C | all a | tulle | Mex |
| 2 | A. DATE REC'D AY HEALTH DEPT. 258. NAM | AE OF REGISTRAR | 25C. FUNERAL DIRECTOR | 1 | ADDRESS |
| | 10.4 | All the manual of | - Choy Min | level OU | Braule a |
| V | 150-REV. 1/1/68 | | | 1 | |



69 1866 BALTIMORE CITY HEALTH DEPARTMENT

| RII | RTH NO.69. 00 | 314 MED | DICAL | EXAMINER'S | CERTIFIC | CATE OF | DEA1 | H REG. NO | 0.2 | 1865 |
|---------------|---|--|-------------------------|---|------------------------------------|-------------------|----------------|------------------|--|---|
| | NAME OF DECEASE | D | | | 2. DATE | Known 🗌 | Month | Doy | Yeor | Hour |
| (Ту | pe or Print) | hleen Brev | Jer | | OF | Estimoted 5 | 2 | 15 | 1969 | 11:00 AM |
| 4. | PLACE IN BALTIMO | | | NOUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour |
| FU | LL NAME OF OSPITAL INSTITUTION | | AL OR INSTIT | UTION, GIVE STREET | | INCED DEAD | 2 | 15 | 1969 | 12:25 PM |
| OK | 1 1 1 | ai Hospita | al | | A. STATE | Marylar Marylar | | B. COUNTY | on: residence | 5-10 |
| 6. | | olored | 8. MARRIE | D NEVER MARRIED DIVORCED | C. CITY OR | TOWN Baltimo | ore | D. INSIDE | CITY LIMITS? | No 🗆 |
| | DATE OF BIRTH | 10. AGE (| In years oy) | f Under 1 Yr. If Under 24 Hrs. Nonths, Doys, Hours, Min. | E. STREET A | ND NUMBER 3920 Ma | aine A | | | |
| 11. | BURLEY Store | | 2 " | 2. CITIZEN OF WHAT COUNTRY? | 13. FATHER | | | | | |
| 14A dor | | ON (Give kind of work g life, oven if refired) | 14B. KIND | OF BUSINESS OR INDUSTR | 15. MOTHER | S MAIDEN NAM | WE B | | | |
| | WAS DECEASED E | | | 17. SOCIAL SECURITY NO. | 1B/INFORM | MANT BOOK | Helli | 1 | ADDRESS | |
| H | 19. 41 \ 11 | TW | | CAUSE OF DEA | TH | L Prelin | ec | sen | | PPROXIMATE INTERVAL |
| | 784 | 1 | | | | | | | BETV | VEEN ONSET AND DEATH |
| | | CONDITION DIRE | ECTLY | Interst | citial p | neumoniti | is (SD | II) | | |
| | (This does not me heart foilure, osth | eon the mode of denio, etc. It meons that to which coused de | e diseose, | (A)IMMEDIATE (DUE TO, OR | AS A CONSEQ | UENCE OF: | | | | |
| | ANTEC | EDENT CAUSES | | (p) | | | | | | |
| | DISEASES OR CO | ONDITIONS, IF AN OVE CAUSE (A) STA ONDITION LAST. | IY, GIVING ATING THE | | AS A CONSEC | UENCE OF: | | | | • |
| S | | | | (C) | | | | | | |
| CERTIFICATION | OTHER SIGNIFICA TO THE DEATH B | II NT CONDITIONS C SUT NOT RELATED TO IDITION GIVEN IN F | THE TERMIN | | | | | | 1 00 00 00 00 00 00 00 00 00 00 00 00 00 | 4 mm of 4 4 4 4 4 4 4 4 4 4 4 4 6 6 6 6 6 6 6 |
| RT | 20A. DATE OF OPE | | | OR WHICH OPERATION W | AS PERFORM | ED | | | 21. AUTO | PSY? (Yes or No) |
| Ö | 1 | | | | | | | | | yes |
| EDICAL | UNDERIVING | | h. | 2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office | in or obout 2 e bldg., etc.) IN | 2C. WHERE DID (| (If in Boltimo | ore City, give e | xoct locotion) | |
| X | 22D. TIME (Mont OF INJURY (APPROX.) | | or) (Hour) | | WHILE | 2F. HOW DID IN. | JURY OCC | UR? | | |
| | 23. | | n | 1. WORK L AT V | VORK | | - | | 8 | |
| | I certify t | hat I held an | Inquiry 🗌 | Inspection Au | tap sy | and that an th | his basis, | death in m | y apinian | |
| | resulted f | ram: Ngtural ca | uses 🔀 | Accident Suicio | le Ha | micide 🗍 | Undeterm | ined manner | | |
| | | 1111 | 1 | ()1- | | CHIEF MEDICAL E | | | | |
| | ACTUAL | 1111/5/1 | USI | 1 /W/ | ASSIS | STANT MEDICAL E | XAMINER | X | 2/16/1 | DATE SIGNED |
| H | SIGNATURE_ EXAMINER'S | Wanna: | n II C | oitz, M.D. | | CIATE MEDICAL E | XAMINER | | 2/10/1 | 909 |
| | NAME (Type) | . wer He | r. o • př | | | | | | | |
| | A. BURIAL CREMATIC | ON, 24B. DATE | 1.4 | natalane | or CREMATO | 24D. | DY | (City, to | or county | (Stote) |
| 25 | A. DATE REC'D BY H | EALTH DEPT. | 25B. NA | ME OF REGISTRAR | 25C. | UNERAL DIRECTO | OR | 0110 | ADDRESS | |
| | 5 | BB 19196 | 18 A D | 6 2 Falker | a El | Log Oles | bor | ion a | Bres | ultip |
| VS | 151-REV. 1/1/68 | | 1 13 | 1000 | 0 1 | 6 / 1 | • | | | 1 11 |



R-1500

69 1867 BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. | M | EDICAL EX | KAMINER'S | CERTIFIC | CATE OF | DEAT | H REG. NO | 0 | 1001 |
|----------------------------|---|-------------------------------------|---|-------------------------------------|-------------------------------|----------------|-----------------|-----------------|--|
| 1. NAME OF DEC | CEASED | | | 2. DATE | Known 🗌 | Month | Doy | Үеог | Hour |
| (Type or Print) | STON | W. | RAINEY | OF DEATH | Estimoted 🔀 | | | | M |
| | TIMORE, MARYLAN | | | 3. DATE | | Month | Doy | Yeor | Hour |
| FULL NAME OF | | SPITAL OR INSTITUTE | ON, GIVE STREET | PRONOU | INCED DEAD | Februa | rv 1/4 | 1969 | 6:57 PM |
| HOSPITAL OR INSTITUTION | ADDRESS OR | LOCATION | | 5. USUAL RE | SIDENCE (When | | | | before odmission) |
| n 1.1 | | TT | TOA \ | A. STATE | | | B. COUNTY | | -01 |
| Franki 6. SEX | in Square | | DOA) | C. CITY OR | ryland | | In INISIDE | CITY LIMITS? | 0 |
| | / · KAGE | - | NEVER MARRIED | | | | D. HASIDE | | |
| male 9. DATE OF BIRTI | negro | WIDOWED | | 1 | 1timore | | | YES X | NO L |
| DATE OF BIRTI | | | nder 1 Yr. If Under 24 Hrs hs i Days i Hours i Min | | | | | | |
| 10125 | -1900 | 68 | | | 4 N. Vinc | cent St | reet | | |
| 1. BIRTHPLACE (S | State or foreign caun | | THE COUNTRY? | 13. FATHER' | SNAME | | | | |
| Shan | one S.C | avenue | 1814 | | | | | | |
| | PATION (Give kind of working: life; every if ret | | BUSINESS OR INDUSTI | Y 15. MOTHER | S'S MAIDEN NA | -ME | | | |
| | 16/11 | | | m | mes Ke | 9 in a | 1 | | |
| 6. WAS DECEAS | ED EVER IN U.S. A | MED FORCES? | 17. SOCIAL SECURITY NO. | 18. INFORM | IANT | 7 | 1 | ADDRESS | |
| res, no or onknown | (If yes, give way or | ores or service) | 217-13-996 | 3 /11 | elso t | Mice | 1 | Ken | 48 |
| 19. | | | CAUSE OF DE | ATH | | 1 | | | PPROXIMATE INTERVAL |
| 7-1. | 51.7 | | | | | , | | BETV | VEEN ONSET AND DEAT |
| | E OR CONDITION LEADING TO DEAT | | | | tic Cardi | lovascu | lar Di | sease | |
| | of mean the made | | (A) IMMEDIATE | AS A CONSEQ | LIENCE OF: | | | | |
| heort foilure | , osthenio, etc. It meo application which cause | ns the diseose, | 001 10, 01 | AS A CONSEQ | DENCE OF. | | | | |
| UNDERLYIN | E ABOVE CAUSE (A | | (C) | | | | *************** | | क्रम क्रम के क्रम करें के 60 th 10 mm on 10 mm |
| O THE DEA | NIFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN | D TO THE TERMINAL IN PART 1 (A). | | ******* | | | | | |
| 20A. DATE OF | F OPERATION 20B. | CONDITION FOR | WHICH OPERATION V | VAS PERFORM | ED | | | 21. AUTO | PSY? (Yes or No) |
| .1/) | | | | | | | | | No |
| UNDERLYING | NAL CAUSE WAS OF OR CONTRIB- | 22B.I | PLACE OF INJURY (e.g., form, foctory, street, off | , in or about 2 ice bldg., etc.) | 2C. WHERE DID NJURY OCCUR? | (If in Boltimo | re City, give | exoct locotion) | *19 |
| | (Month) (Doy) | (Year) (Hour) 2 | 2E.INJURY OCCURRED | 2 | 2F. HOW DID IN | JURY OCC | UR? | | |
| (APPROX.) | | | | WORK | | | | | |
| 23. | | 111.] | TORK LA | WORK | | | | | |
| 1 cert | rify that I held on | Inquiry 🗌 | Inspection XX =A | utapsy 🗌 | and that an | this basis, | death in n | ny opinion | |
| resul | ted from: Natural | couses X | scident Suic | de Ho | micide 🗌 | Undetermi | ned manne | | |
| | VIII | - | 1 | | CHIEF MEDICAL | | | | |
| ACTUAL | | Man | 10 | ASSI | STANT MEDICAL | | X | | DATE SIGNED |
| SIGNATI | | YUY | M. | D. | | | | 2 | /15/69 |
| EXAMIN NAME (1 | METI | er U. Spit | Z, M.D. | ASSO | CIATE MEDICAL | EXAMINER | | | ,, |
| 24A. BURIAL CREI | MATION, 24B. DA | ATE 24 | C. NAME of CEMETER | or CREMATO | 24D | LOCATION | Ay (City, to | own, or county | (Stole) |
| Dune | U 2- | 17-64 | no alle | u Ca | | Du | 4 | me | |
| 25A. DATE REC'D | BY HEALTH DEPT. | STATE ON | OF REGISTRAR | 25C. F | UNERAL DIRECT | TOR / | | ADDRESS | |
| | 13 190 | (West) B | 2. Washenger | E | eoy Ol | Unls | 010 | MBA | authe |
| VS 151-REV. 1/1/68 | 8 | 1 9 5 | 900 | 01 | 2 6 6 | | | | , |

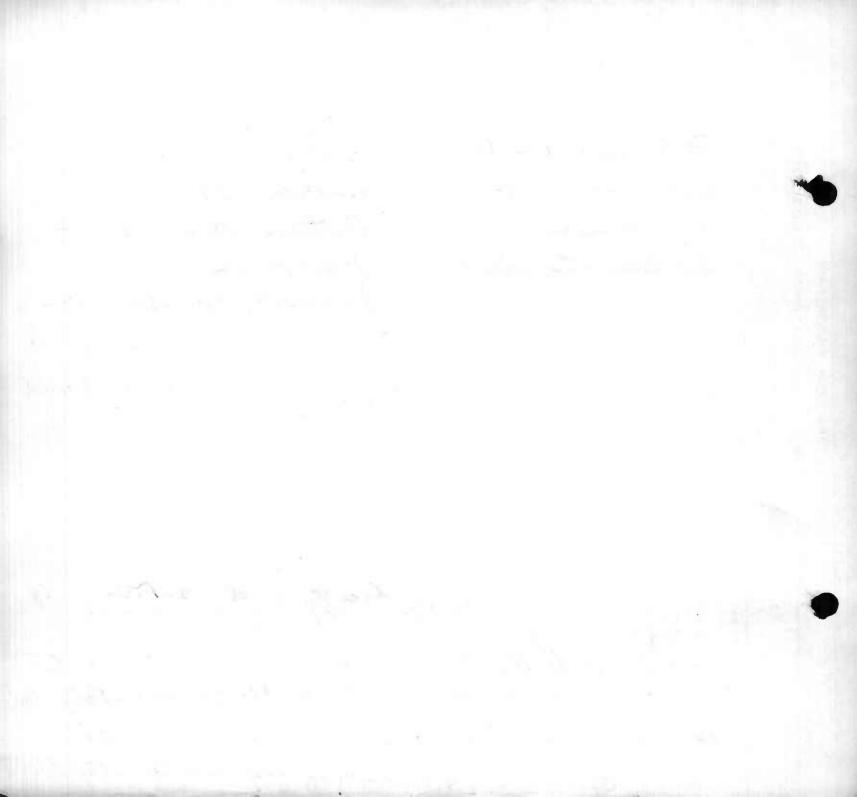
Acres - red Benieve 2-1969 mobilion lot

and

IMPORTANT

DIRECTOR:

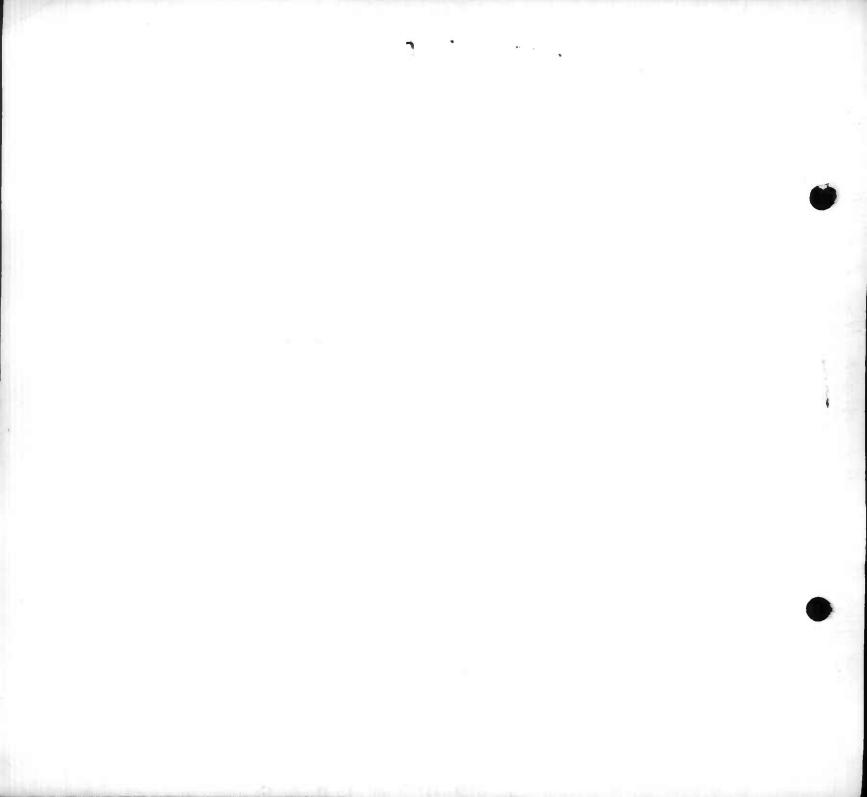
FUNERAL

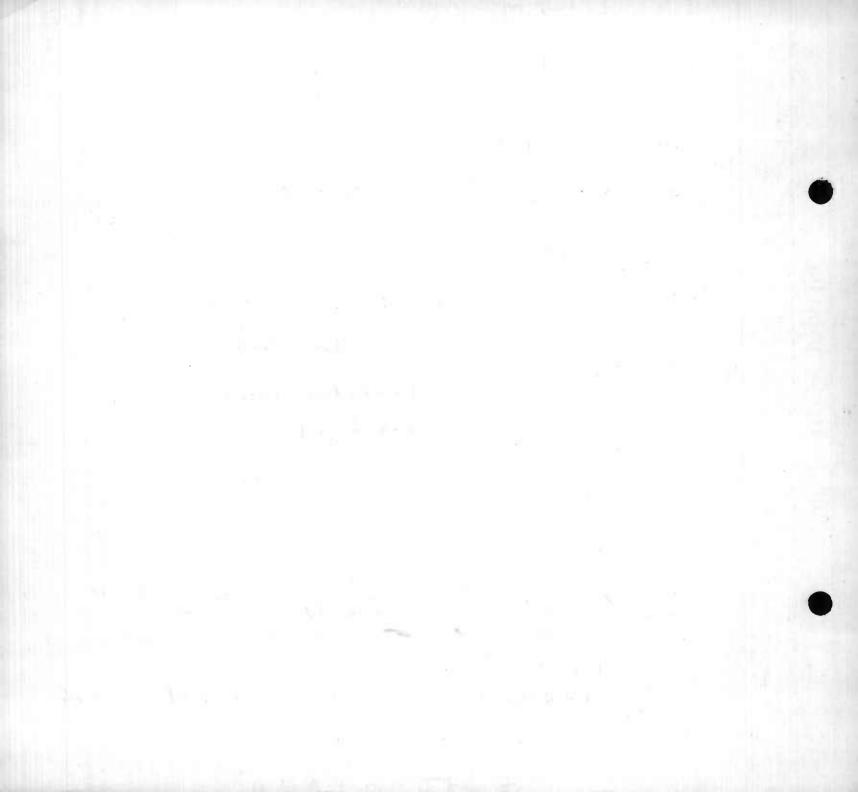


VS 150-REV. 1/1/68



| W | 1-1-0 | BALTIMORE CITY HEALTH DEPARTMENT 69 1870 |
|---------------------------------------|--|--|
| , , | P-P P- | BIRTH NO. 69 1870 CERTIFICATE OF DEATH REG. NO. 69 1870 |
| | l and death eased n the Such | I, NAME OF DECEASED |
| | | 17 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) |
| | G 0 0 0 | A. STATE B. COUNTY |
| 1 | da cab | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN PALTIMORY YES NO |
| | ca ca enc to | 36 FRANKLIN Square Hosp. BALTMORT D. INSIDE CITY LIMITS? YES NO |
| 5) | ed in ting d cau r att r att e. | E. STREET AND NUMBER |
| 7 | ar ar | 1020 VINE ST. WEST 23 |
| 1 | occurred ontributi ermined regular eased pr | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min. |
| 4 | re re si | 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OF INDUSTRY 111 BIPTHPI ACE (State of Justice Carlot) |
| 2 | or condet | done during most of working life event retired) NORTH CAROUNA LABORA |
| X | dect of the case o | 13. FATHER'S NAME |
| 1 | # 9€ ¥ ± q | DALL MAKEITHAN |
| Z | # _ O = O _ | 15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS |
| I | the d the d kind; death ince or final d | No. No. Margaret McKeithan A |
| 2 CORT | 24 COOL | NO, NO, SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. MARGARET MCKeithan A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SETWEEN ONSET AND DEATH |
| 5 4 | N . O O E | DISEASE OF CONDITION DIRECTLY |
| ≥ ≥ | Also Also noun atter med | This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF. |
| (3 # | iner actur pror mbal | heart foilure, osthenio, etc. It means the disease, injury at camplicolian which coused death.) |
| OR: | fra 6 | ANTECEDENT CAUSES |
| 7 5 | A A P | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: |
| A H | 3 (3) e s | underlying condition last. |
| 7 0 | icia as ain | |
| A Z | medica berns; hysici in was | O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL |
| ER. | me me ly bu | ▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| S S S S S S S S S S S S S S S S S S S | chi Bod Bod the the | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 2 5 | tal by 2; (2) B here t No phy before | CO CONTRIBUTION CONTRACT OF THE STATE OF THE |
| 2 | he ch | DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED (21F. How DID INJURY OCCUR? While At D. Not While D. No |
| 20 | d by | 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| O | roved b he hosp y natur xcept w and (6) btained | (APPROX) with While At Work At Work Lett dawn stand |
| C | T = 9 0 0 1 | 22. I certify that (1) (this hospital) attended the deceased fram. |
| 4 | 0000 | that (1) (we) last saw the deceased alive an 2-15 - 19 69 and that in (my) (our) apinian death accurred an the date |
| | ist be a ased to dent of ospital death) must be | and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. |
| 10 | 30.22 - 1 | 23A. SIGNATURE Attending Med. Stoff Director Phys. Director Director Phys. Director |
| 8 | a h | 23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS |
| - | was r An a L at c prior | 23C. PHYSICIAN'S NAME (Type) NAN VONGLAS BUS (R) |
| 0 | # C 7 7 7 7 | DEGREE 24A- BURIAL CREATION 124R DATE 124C NAME & CRAATERY - CREATERY - CREA |
| 1 | E + 00 0 _ 1 | REMOVAL (Specify) |
| T | This certif the body shows: (1) was D.O./ deceased written a | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS |
| | ### x b x | MORTON & Dyett + H. IXI LAUNENS S |
| | 1 | VS 150-REV. 1/1/68 |





IMPORTANT

DIRECTOR:

FUNERAL

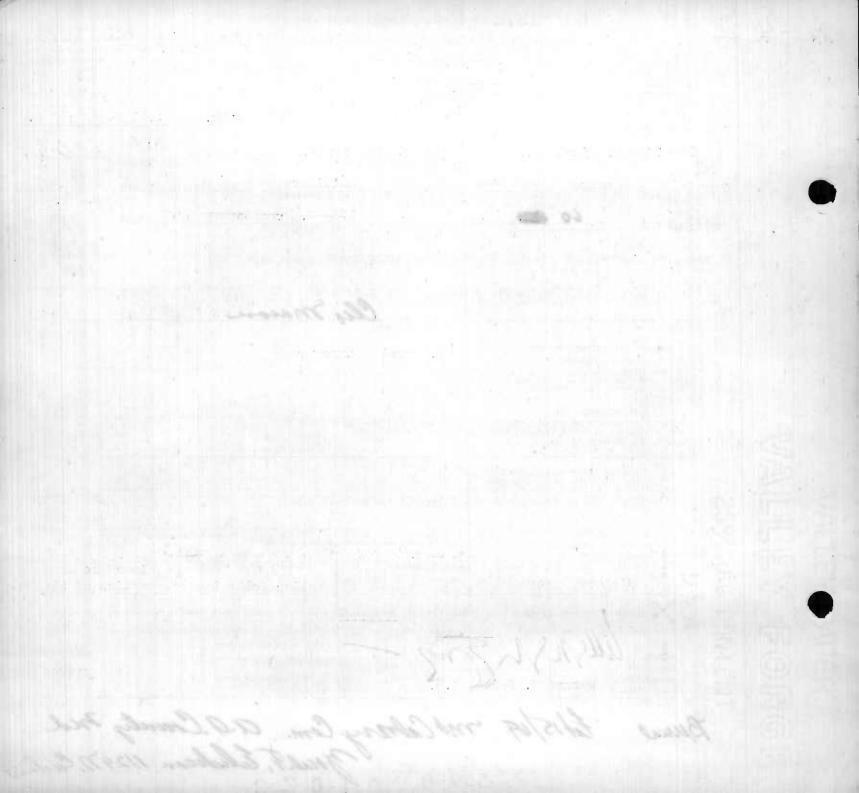
approved

W-452

69 1873 BALTIMORE CITY HEALTH DEPARTMENT

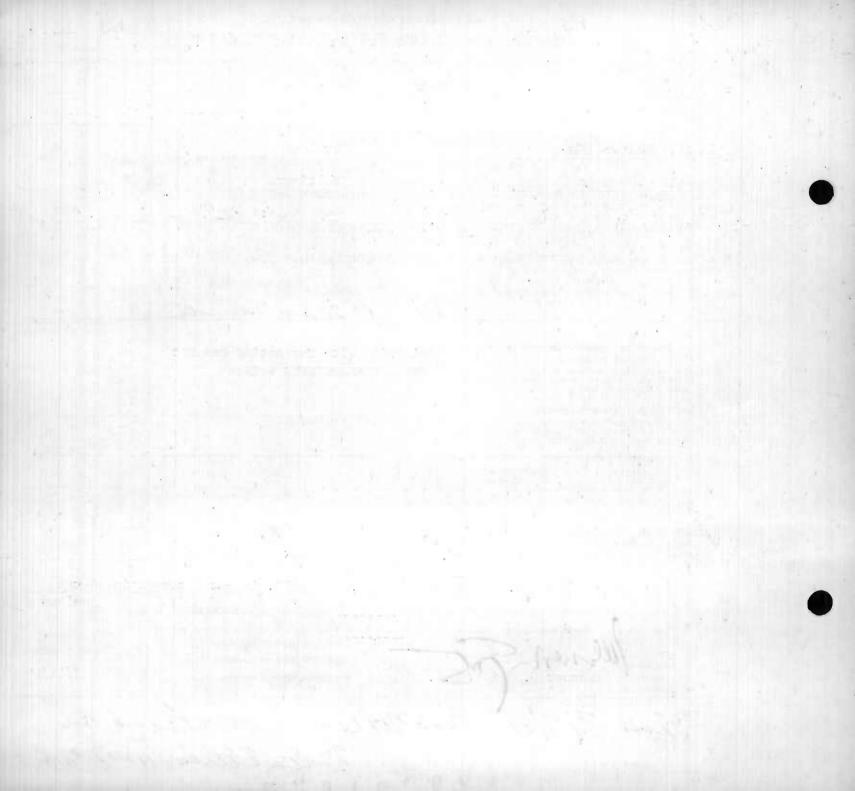
| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH |
|---------|-------------------|-------------|----------|
| | | | |

| MEI | DICAL EXAMINER'S | CERTIFICATE OF DEAT | н. 69 1873 |
|---|---|--|--|
| BIRTH NO. | | | REG. NO. |
| NAME OF DECEASED | LITT T TAMO | 2. DATE Known X Month OF Estimated | Doy Yeor Hour |
| DAVID . PLACE IN BALTIMORE, MARYLAND, 1 | WILLIAMS WHERE PRONOUNCED DEAD | 3. DATE Month | Doy Yeor Hour |
| | TAL OR INSTITUTION, GIVE STREET | PRONOUNCED DEAD Febru | nary 11, 1969 9:45 Am |
| 33 Hopkins Hospital | | 5. USUAL RESIDENCE (Where deceosed in A. STATE Maryland | B. COUNTY 8-06 |
| SEX 7. RACE | B. MARRIED NEVER MARRIED | C. CITY OR TOWN | D. INSIDE CITY LIMITS? |
| male negro | WIDOWED DIVORCED | Baltimore | YES X NO |
| DATE OF BIRTH 10. AGE (lost birthd) | | | |
| 1. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | |
| 4A.USUAL OCCUPATION (Give kind of work | k 14B. KIND OF BUSINESS OR INDUS | TRY 15. MOTHER'S MAIDEN NAME | |
| one during most of working life, even if retired) | | 7 | |
| 6. WAS DECEASED EVER IN U.S. ARME (es, no or unknown) (If yes, give wor or dotes | | Cle maise | 1738 D. Bradeway |
| 19. | CAUSE OF DI | EATH | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meen the mode of d heart foilure, osthenio, etc. It meens th injury or complication which coused de | Jying, e.g., a discose, eoth.) SUDGITE (A)IMMEDIAT DUE TO, O | al Hemorrhage E CAUSE OR AS A CONSEQUENCE OF: | |
| DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. | | THE STATE OF | |
| OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F | O THE TERMINAL | | 100000000000000000000000000000000000000 |
| 20A. DATE OF OPERATION 20B. CO | | WAS PERFORMED | 21. AUTOPSY? (Yes or No) |
| 52 | | | Yes |
| 22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- | 22B. PLACE OF INJURY (e. home, form, foctory, street, o home of neighbors.) | g., in or about 22C. WHERE DID (If in Boltimor ffice bldg., etc.) INJURY OCCUR? Phor UNK | |
| UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year | or) (Hour) 22E.INJURY OCCURRE | D 22F. HOW DID INJURY OCCI | belleved to have |
| 23. | M. WORK A | | ng consumption of alcohol |
| | | Autopsy X and that on this basis, | |
| resulted from: Natural ca | uses Accident X Suit | | ned manner 🔲 |
| ACTUAL ULLS/11 | 1/2 7mm - | CHIEF MEDICAL EXAMINER | DATE SIGNED |
| SIGNATURE EXAMINER'S Werner | U. Spitz, M.D. | A.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER | 2/11/69 |
| NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | 24C. NAME of CEMETER | RY or CREMATORY 240. LOCATION | (City, town, or county) (State) |
| SANATE REED BY HEALTH DEPT. | 258. NAME OF REGISTRAR | Mysc. FUNERAL DIRECTOR | Crusty Mil |
| S 151 PEV 1/1/49 A | O. P. S. E. S. Bayes | Mrul T, Elica | bean 1/297, Curling |
| S ISI DEV 1/1/AR A / | | - 14 10 103 10 | 9 |

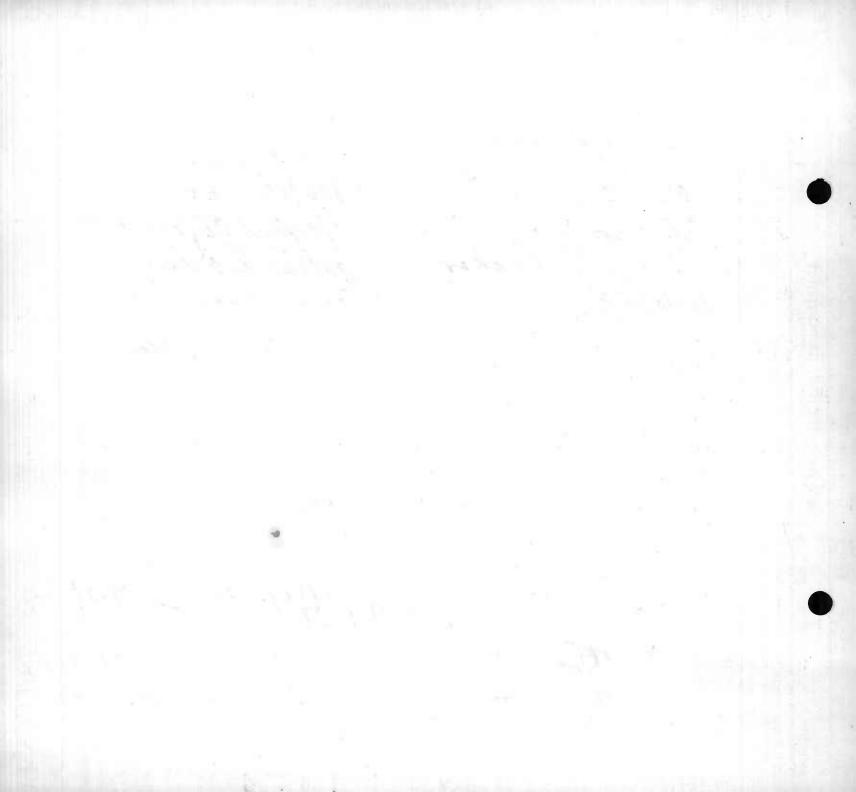


CQ 1974 BALTIMORE CITY HEALTH DEPARTMENT

| | AL EXAMINER'S | CERTIFICATE OF DEA | ATH REG. NO. | 69 | 1874 | |
|--|--|---|---------------------------------------|---------------|--|--|
| BIRTH NO. | | | REG. NO. | | | |
| 1. NAME OF DECEASED | | 2. DATE Known X Mont | h Doy | Yeor | Hour | |
| JAMES E. | MYERS | DEATH Estimoted | | | М. | |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE | | 3. DATE Mant | | Yeor | Hour | |
| FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL ADDRESS OR LOCATION) | INSTITUTION, GIVE STREET | Fe | bruary 10, | | 8:00 P _M | |
| | | A. STATE Maryland | B. COUNTY | : residence b | erore odmission) | |
| 509 Sanford Place 7. RACE 8. AA. | | C. CITY OR TOWN | D. INSIDE CI | TV HAAITS? | | |
| O. SEX | ARRIED NEVER MARRIED | | | | | |
| | OOWED DIVORCED | Baltimore | YE | s 🔼 ı | VO | |
| 9. DATE OF BIRTH 10. AGE (In years last birthday) 72 | Months, Days, Haurs, Min. | 509 Sanford Pla | ace | | | |
| 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | | | | |
| 1/10 | IND OF BUILDINGS OF INDUSTR | unkr | www | | | |
| 14A.USUAL OCCUPATION (Give kind of work 14B. K dane during mast of warking life, eyen if retired) | IND OF BUSINESS OK INDUSTR | MOINER'S MAIDEN NAME | | | | |
| Peteria By O. Enepl | njer | unh | noww | | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war ar dates of ser | CECHDITY NO | 18. INFORMANT | Al | DDRESS | | |
| Yes Would Wart | 2,4-22 3989 | Monogan Car | roll | | | |
| Do | CAUSE OF DEA | ATH | | | PROXIMATE INTERVAL | |
| E 73 0117 | | | | BETWI | EEN ONSET AND DEATH | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Poison | ing with Turpentine | and Rat | | | |
| (This daes not mean the made of dying, e | /ANMMEDIATE | CAUSE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | |
| heart failure, asthenio, etc. It means the disea injury ar camplication which coused death.) | se, | EAADIAGEOLUBBILEAR 1015011 | | | | |
| injury ar campileonian which coused deoin.) | | | | | | |
| ANTECEDENT CAUSES | (R) | | | | | |
| DISEASES OR CONDITIONS IF ANY GIVE | ING DUE TO, OR | AS A CONSEQUENCE OF: | | | ************************************** | |
| RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. | INC | | | | | |
| 20 | (C) | | | | | |
| II OTHER SIGNIFICANT SOND PONCE CONTRI | IDLITING | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE T | ERMINAL | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDITION | • ' | AC DEDECORASED | | ISI AUTOI | DEVO (Ver or No) | |
| 1 1 200. DATE OF OFERATION 2005. CONDITION | ON FOR WHICH OFERALION W | AS PERFORMED | | ZI. AUTO | . AUTOPSY? (Yes ar No) | |
| | | | | | Yes | |
| 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- | 22B. PLACE OF INJURY (e.g., | , in or obaut 22C. WHERE DID (if in Bacce bldg., etc.) INJURY OCCUR? | timare City, give exo | ct locotian) | | |
| UTING CAUSE OF DEATH. | home | 509 Sanfor | d Place | | | |
| 22D. TIME (Month) (Doy) (Year) (| Hour) 22E.INJURY OCCURRED | 22F. HOW DID INJURY O | | | | |
| (APPROX.) 2/9/69 12:30 P | m. WHILE AT NO | work Subj. inge | sted turpe | ntine | & rat | |
| 23. | | | | | poison | |
| I certify that I held an Inquir | | and that an this ba | sis, death in my | opinian | | |
| | | de 🛛 Hamicide 🗌 Undet | ermined manner | | | |
| resulted from: Natural causes [| Accident Suici | de M Liguicide C Oudei | cimiled manner L | _ | | |
| resulted from: Natural causes | Accident Suici | CHIEF MEDICAL EXAMIN | | | DATE CIONES | |
| ACTUAL /// Men | SAT | CHIEF MEDICAL EXAMIN | JER 🔲 | | DATE SIGNED | |
| ACTUAL SIGNATURE | SA MI | CHIEF MEDICAL EXAMIN | JER K | | | |
| ACTUAL SIGNATURE EXAMINER'S WETNER U. | SA MI | CHIEF MEDICAL EXAMIN | JER K | | DATE SIGNED 2/11/69 | |
| ACTUAL SIGNATURE EXAMINER'S Werner U. NAME (Type) | Spitz, M.D. M.I | CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN ASSOCIATE MEDICAL EXAMIN | NER K | | 2/11/69 | |
| ACTUAL SIGNATURE EXAMINER'S WETNER U. | SA MI | CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN ASSOCIATE MEDICAL EXAMIN | NER K | | 2/11/69 | |
| ACTUAL SIGNATURE EXAMINER'S Werner U. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE | Spitz, M.D. M.I | CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN ASSOCIATE MEDICAL EXAMIN | NER K | | 2/11/69 | |
| ACTUAL SIGNATURE EXAMINER'S Werner U. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24B. DATE | Spitz, M.D. M.I | CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN ASSOCIATE MEDICAL EXAMIN | NER X NER X NER City nown | | 2/11/69 | |
| ACTUAL SIGNATURE EXAMINER'S Werner U. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24B. DATE | Spitz, M.D. Spitz, M.D. 24C. NAME of CEMETERY PAOL NA | CHIEF MEDICAL EXAMINASSISTANT MEDICAL EXAMINASSOCIATE MEDICAL EXAMINASSOCIATE MEDICAL EXAMINATE OF CREMATORY 24D. LOCATOR COMPANY 24D. LOCATOR COMPANY 250 CM | NER X NER X NER City nown | n, ar county) | 2/11/69 | |



| 21 | 69 1875 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 1875 |
|---------|--|
| BIRT | 1875 CERTIFICATE OF DEATH REG. NO. 69 1875 |
| 1. N | AME OF DECEASED 2, DATE AND HOUR OF DEATH |
| | JESSE IEAKER 2/13/69 1 |
| 3. P | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence personal lived, If it is a lived, If it i |
| FUI | LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYCAND 19-47 |
| INS | INTUINON D. INSIDE CITY LIMITS! |
| 4 | 6 LUTHERAN HOSPITAL E. STREET AND NUMBER |
| | 2319 Dukeland St. |
| 5. S | |
| | M C WIDOWED DIVORCED Q/20/08 60 |
| done | USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COL |
| 1 | Idm. Specialist - Harford Cly md. U.S. |
| 13. [| FATHER'S NAME |
| | Loud , laker milia Korely |
| 15. V | Wos Deceased Firer in U. S. Armed Forces? In particular of a company of the comp |
| 1 | Unild Meiotz From CHART. |
| | 18. CAUSE OF DEATH APPROXIMATE INTE |
| | DISEASE OR CONDITION DIRECTLY |
| | (A) IMMEDIATE CAUSE / LANGE CO. |
| | heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) |
| | ANTECEDENT CAUSES |
| | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: |
| | rise to the obove couse (A) stoling the UNDERLYING CONDITION tost, (C). |
| | 1 |
| NO. | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL |
| ICAT | DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| CERTIFI | 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| CER | 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CA |
| CAL | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, farm, factory, street, office bldg., INJURY OCCUR? |
| - | 21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| 8 | (APPROX.) While At Not While At Work |
| | 22. I certify that (I) (this hospital) attended the deceased from 13/1969 to 2/13/1969 |
| | that (1) (we) last saw the deceased alive an 2/13/19/59 and that In(my) (our) opinion death occurred an t |
| 1 | and hour and from the couses stoted obove. (1) (We) (did) (did nat) view the body ofter deoth. |
| | 23A. SIGNATURE 23B. DATE SIGNED |
| | Attending Med. Staff Director Phys. Director Phys. |
| | 23C. PHYSICIAN'S NAME (Type) |
| | DAVID KHOO. DEGREE LUTHERAN HOSPITAL |
| 24A | REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) |
| | Prurial tel 19/19 arbeitus Meno Jack arbutus mes |
| 25A | ADDRESS 256, NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS |
| | Wight Colicheon 11291, al |
| VS | 150-REV. 1/1/6B |



DIRECTOR:

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VS 150-REV. 1/1/68

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a hospital and

| | 69 1 | BALTIMORE CITY | HEALTH DEPARTMENT | 69 1877 |
|----|--|---|--|--|
| 98 | BIRTH NO. | CERTIFICA | TE OF DEATH REG. NO. | 00 107,7, |
| | NAME OF DECEASED Type or Print) FROST, Ambers | Alexander | 2. DATE AND HOUR OF DEA | |
| | B. PLACE IN BALTIMORE, MARYLAND, WHERE PR | · · · · · · · · · · · · · · · · · · · | 4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY | If institution: residence before admission) |
| | FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) | ISTITUTION, GIVE STREET | MD, BALTIMORE C. CITY OR TOWN D. I | NSIDE CITY LIMITS? |
| | UNIVERSITY OF MARYLAND HOSPITA | tL. | E. STREET AND NUMBER 406 PINE ST | YES MO |
| | SEX 6. RACE 7. MARI | RIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (in years | If Under 1 Yr. If Under 24 His. Months! Doys Hours Min. |
| | MALE NEGRO WIDON | WED DIVORCED | 1/29/21 lost birthdoy 48 | Months Doys Hours Min. |
| | OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) NORTH CAROLINA | 12. CITIZEN OF WHAT COUNTRY? |
| | 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| | Thomas FROST | | Nellix GRAY | |
| | 5. Was Deceosed Ever in U. S. Armed Forces? (es,no or unknown) (Iff yes, give wor or doles of serv | ice) 1 6. SOCIAL SECURITY NO. | Holen Frost 406 | A Pine St |
| | 18. DISEASE OR CONDITION DIRECTLY | CAUSE OF DEATH | 2 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RRHAGE 7 HOURS |
| | (This does not meen the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) | | SE SUB ARACH NOID HEMO. A CONSEQUENCE OF: | 7 770076 |
| | ANTECEDENT CAUSES | | | |
| | DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stoling UNDERLYING CONDITION last. | the | A CONSEQUENCE OF: | *************************************** |
| Į | II | (C) | | |
| ı | OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OF CONDITION GIVEN IN PART 1, (a). | NG HYPERT | ENSION | ? |
| | 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED | OR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING | RE FINDINGS CONSIDERED CAUSES OF DEATH? |
| ı | OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) | 21B.PLACE OF INJURY (e.g., in home, form, foctory, street, of olc.) | n or obout 21C. WHERE DID (If In Balti fice bidg. INJURY OCCUR? | more City, give exact locotian) |
| | 21D-TIME (Month) (Doy) (Yeor) (Houd OF INJURY (APPROX.) | While At Work Not While At Work | 21F. HOW DID INJURY OCCUR? | |
| | 22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased clive | ed the deceased fram 17 | 7 FEB 19 69 to 19 69 to 19 69 ond that In(my) (our) | 7 FEB 19 69 |
| 1 | and hour and from the couses stated abov | | | |
| | Adoman & Robbi | Atte | nding Med. Staff M | 17 Feb 1969 |
| | 23C. PHYSICIAN'S NAME (Type) SOLOMON D, ROB. | BINS | UNIVERSITY OF MARYLAND HE | |
| | 4A. BURIAL CREMATION, 24B. DATE 24 | C. NAME OF CEMETERY OF CRE | | (City, town/a) county) (State) |
| | BUBLAN DICTION DIRINGS | AN MINTIN | 1 Com Balla | 4/1/1 |

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| th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made. | 5 Ti d |
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| prior | |
| ma | 5 |
| and (6) No physician was in regular attendance on the deceased prio obtained before the remains are embalmed or final disposition is made. | 1 |
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| 7 | 69 1878 | BALTIMORE CIT | Y HEALTH DEPARTMENT | | | |
|-------------------|---|--|--|--|--|--|
| 7 | BIRTH NO. | CERTIFICA | TE OF DEATH | reg. No. 69 | 1878 | |
| | 1. NAME OF DECEASED (Type or Print) DUTTON; MAGE | E | 2- | D HOUR OF DEATH | 1 855 D. | |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | | 4. USUAL RESIDENCE (When | e deceased lived If institution | residence before odmission) | |
| | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) | | C. CITY OR TOWN D. INSIDE CITY LIMITS? | | | |
| 2 | UNIVERSITY OF MARY LAND HOSPITAL. | | E. STREET AND NUMBER | | | |
| | | | 1026 W. Franklin St. | | | |
| disposition is mo | 5. SEX 6. RACE 7. MARRIED | NEVER MARRIED | | 9. AGE (In years If United the International | der 1 Yr If Under 24 Hrs. s! Doys Hours Min. | |
| | ₩IDOWED [| | 18-23-19 | LIO | S Doy's Hours Ivan. | |
| | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or forei | gn country) 12. Cl | TIZEN OF WHAT COUNTRY? | |
| | HOUSE WITE | | 14. MOTHER'S MAIDEN NAM | 70, | U.S.A. | |
| | John Wrigh | 4. | Morge | 100 | | |
| | 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) | 1 6, SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | |
| | 100 | 220-24-6661 | Robert Which | 1 1837 Bolton | 1.CX | |
| | 18.4/0.0 \$1-250.4 | CAUSE OF DEAT | н Э | 1 100 / 100/1900 | APPROXIMATE INTERVAL | |
| | DISEASE OR CONDITION DIRECTLY | Acute | myocardial in- | fanction | BETWEEN ONSET AND DEATH | |
| | This does not mean the mode of dying, e.g., | (A) IMMEDIATE CAL | JSE | | 1wtc. | |
| | heori loiture, asthenia, etc. It means the disease, injury or complication which caused deoth.) | | | | | |
| | ANTECEDENT CAUSES HASCUTD- | | | | | |
| | DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| | nise to the obove cause IA) stoting the UNDERLYING CONDITION last. (C) | | A CONSEQUENCE OF: | | | |
| | 11 | | | | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | Diabet | Es mellitus | | | |
| | ■ IDISEASE OR CONDITION GIVEN IN PART 1 (A) | HICH OPERATION | 20A. AUTOPSY? (Yes or No) | 208 IS VES WERE SIMPLICE | CONCIDENT | |
| | WAS PERFORMED | | yes | 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF | DEATH? | |
| Deto | OR CONTRIBUTING CAUSE OF CECLY DEATH Inotify medical examiner) | LACE OF INJURY (e.g., i form, foctory, street, of | n or about 21C. WHERE DID | (If In BoltImore City, gi | ve exact locotion) | |
| | S OF INJURY | NJURY OCCURRED | 21F. HOW DID INJU | RY OCCUR? | | |
| | IAPPROX.) While Work | Not While | | | | |
| must be opto | 22. I certify that (1) (this hospital) attended the | deceased fram | 2/11 | 169 to 2/ | 17 1969 | |
| | that (1) (we) last saw the deceased alive on | 4 | / | | *************************************** | |
| | and haur and from the causes stated above. (1) (Me) (did hat) view the body after death. | | | | | |
| | 23A. SIGNATURE 23B. DATE SIGNED | | | | | |
| | from M. Jackson n | no , OEGREE Phys | | hys. 2 | -17-69 | |
| 2 | 23C.PHYSICIAM'S NAME (Type) | DEGREE | 23 D. ADDRESS | | | |
| | JEAN M. JACKSON A | 1. D. | University of Me 22-So. Greave S | | | |
| | | ME of CEMETERY OF CRE | MATORY 24D. LO | | or county) (Stotel | |
| | Burial 2/21/10/19 Rs | 12 11 V | Na/ Cam Be | He Will | | |
| 1 | SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF | REGISTRAR | 25C. FONERAL DIRECTOR | 110. | APDRESS / | |
| | - Indiana | - 4 C C C | Will south on | d! Home 319 11 | Sahrooden St | |
| 15 | \$ 150-REV. 1/1/6B | | | 7/1000 | ~11.004.7 | |

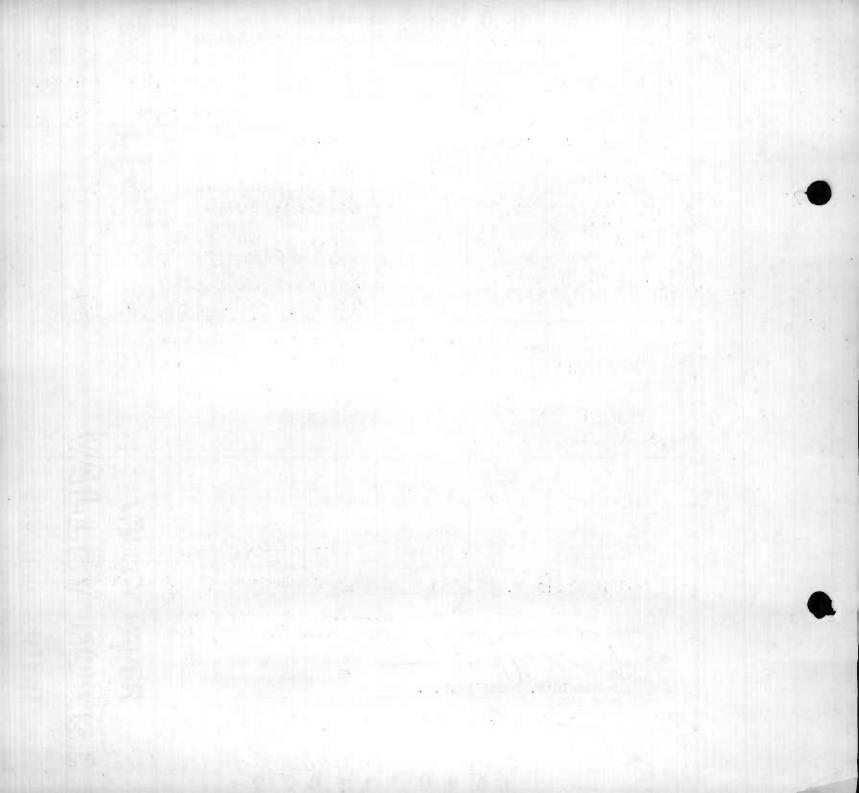


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BALTIMORE CITY HEALTH DEPARTMENT

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| BIR | TH NO. | | WED | ICAL E | XAMINER 5 | LEKIIF | CATEO | r DEAT | REG. NO | | | |
|----------------|---|--|--|---------------------------------------|--|---|---|-----------------------|-------------------------|-------------|-----------------------|--|
| 1. [| NAME OF DEC | ONNA Y | OUNG | | | 2. DATE OF DEATH | Known Estimated | Month Februa | ry 16,19 | Yeor 969 | 6:10 P. M. | |
| FUL HOS | PLACE IN BAL' L NAME OF SPITAL INSTITUTION | (IF NOT | | LORINSTITUT | OUNCED DEAD ION, GIVE STREET | 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD February 16, 1969 6:10 P. | | | | | | |
| 7 | 111 | N MEMO | RIAL H | OSPITAL | # 13 | | laryland | | B. COUNTY | 12 | -03 | |
| 6. 5 | Female | 7. RACE Neg | ro | B. MARRIED WIDOWED | | C. CITY O Balti | | | D. INSIDE CIT | Non | NO 🗆 | |
| 9. [| 3-18- | 48. | 10. AGE (In tast birthday | yeors If U | nder I Yr. If Under 24 Hrs ths; Doys; Hours; Min. | | Barclay | Street | | | n frieds | |
| 14A | USUAL OCCU | FATION (Give | NO kind of work 1 | | CITIZEN OF WHAT COUNTRY? BUSINESS OR INDUSTR | 100 | S NAME S MAIDEN N | AME OF | Ocen | 9. | | |
| 16. (Yes | WAS DECEASI | ED EVER IN I | U.S. ARMED | FORCES? of service) | 17. SOCIAL SECURITY NO. | 18. INFO | elma. | loung | 3000 | DRESS. | Ton SK | |
| VIION | (This does not heart foilure, injury or com AND DISEASES (RISE TO THE UNDERLYIN | | mode of dyl II meons the h caused deo CAUSES ONS, IF ANY JSE (A) STAT ON LAST. | diseose, th.) GIVING ING THE | (B)(C) | AS A CONSE | ADDOMEN OUENCE OF: | | | | | |
| CERTIFICATION. | TO THE DEA | IFICANT CON ATH BUT NOT CONDITION OPERATION | RELATED TO | THE TERMINAL | | AS PERFOR | MED | | | 21. AUTO | DPSY? (Yes or No) yes | |
| EDICAL | UNDERLYING UTING CA | USE OF DEA | TRIB- | hom | PLACE OF INJURY(e.g. e, larm, loctory, street, off House | ce bldg., etc.) | 12 Whitr | idge Ave | nue | t locotion) | -03 | |
| Σ | 22D. TIME (OF INJURY (APPROX.) FE | | 69 5:3 | ut' | WHILE AT NO AT | T WHILE | Gunshot | | of ches | t alld | omen | |
| | | ER'S D- | giural cous | 4/6 | Inspection A Suici | D. AS: | ond that or domicide CHIEF MEDICA SISTANT MEDICA OCIATE MEDICA | Undetermine LEXAMINER | deoth In my oned monner | | DATE SIGNED | |
| RE | A. BURIAL CREA MOVAL (Special A. DATE REC'D | ial | 2-20 DEPT. | 5-69 | OF REGISTRAR | Jur | ORY EM 24 FUNERAL DIRE | b. LOCATION Bab CTOR | (City, town, | or county | (State) Md | |
| VC | 151 PEV 1/1/2 | EB 1.9 | 1969 (| Lens | 2, 4, 4, 4 | R | rymer & | Sana | lere 2. | 178 | Trestox | |



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| FUNERAL DIRECTOR: IMPORTANT | ical is cial ain |
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| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (T) shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
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| | C | 0 40 | BALTIMORE CIT | HEALTH I | DEPARTMENT | | | |
|---|---|---------------|--|-----------------|---------------------|---------------------------------|------------------------|------------------|
| BIRTH NO. | 69 | 13 | 82 CERTIFICA | TE OF | DEATH | REG. NO. | 69 | 1882 |
| 1. NAME OF DECEA | SED | | | | 2. DATE A | ND HOUR OF DEA | TH | |
| | Agne | s Smith | | | | | 1 | 0.00 4 |
| 3. PLACE IN BALTIA | MORE MARYLAND, V | HERE PRONO | UNCED DEAD | 4. USUAL | RESIDENCE IWH | 14-69 ere deceosed lived, I | I institution: resider | 9:00 A. |
| FULL NAME OF | | | UTION, GIVE STREET | | Me was | NII | // | 6-01 |
| NOITUTITENI | Provident | | | C. CITY OF | TOWN | | NSIDE CITY LIMITS | ? |
| 57 | | | | 4000000 | Baltimore | | YES X | по 🗌 |
| 9/ | 1514 Divis | | | E. STREET | AND NUMBER | | | |
| | Baltimore | , Maryla | and 21217 | | 121 | 9 Harlem A | 7/0 | |
| 6. SEX 6. | RACE | 7. MARRIED | X NEVER MARRIED | 8. DATE OF | BIRTH | 9. AGE (In years lost birthday) | If Under 1 Ye | le If Under 24 I |
| Female | Negro | WIDOWED | | E 3 | 0.77 | | Months Doys | Hours Min |
| OA. USUAL OCCUPA | ATION (Give kind of work | 108, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHE | 0-37 | 31 | la dimensi | |
| one during most of wor | king life, even if retired) | ļ | | | | | | DE WHAT COUN |
| 14 | | Rosewo | ood State Hosp | | | ginia | U.S.A | 4. |
| 3. FATHER'S NAME | | | | 14. MOTHE | R'S MAIDEN NA | ME | | |
| Wm Ca- | 11 Johnson | | | ₽ | 4 m = 1 7 m = 7 f . | | | |
| Was Dassard Fu | il Johnson er in U. S. Armed For | ces? | 1 6. SOCIAL | | izella Mo | pore | | |
| es, no or unknown) (If | yes, give wor or dote | s of service) | SECURITY NO. | 17. INFORM | ANT | | ADD | DRESS |
| | | | 208-28-1269 | Dona | ld Smith | (hus.) 1 | 219 Harler | m Ave. |
| 18. 4 | XI | | CAUSE OF DEAT | | | , | | ROXIMATE INTERVA |
| DISEASE | OR CONDITION DI | ECTIV | | | | | BETWE | EN ONSET AND DE |
| | ADING TO DEATH | | | 0.0 | . 0 | 0 4 | | |
| (This does not | meen the mode of | dving an | (A) IMMEDIATE CAU | SE BUY O | herely - | Einehop | nerimo- | |
| neart failure, as | henia, elc. il means | the disease | DUE TO, OR AS | A CONSEQUE | NCE OF: | nia 1 | | |
| injury or complic | calian which caused | deoth.) | | | | | | |
| AN | TECEDENT CAUSES | | 100 | | 1000 | | | |
| DISEASES OR | CONDITIONS, if | inv. civina | (B) DUE TO, OR AS | A CONSSOL | IENCE OF | | | |
| rise to the | above cause (A) | slaling the | DUE 10, OR AS | ~ CONSEQU | ENCE OF | | | |
| UNDERLYING C | ONDITION last. | | (c) | | | | | |
| | 11 | | | | | | | |
| OTHER SIGNIFICATION THE DEATH BE DISEASE OR CON 19A-DATE OF OF 21A-ACCIDENT | NT CONDITIONS CON | TRIBUTING | | | | | | |
| TO THE DEATH B | HT NOT DELATED TO TH | E TERRAPALAS | | | | | | |
| 19A. DATE OF OF | ERATION 198 CON | I (A). | HICH OPERATION | 120 4 4 | OBCUA IV | V and de | | |
| 1. | WAS PERF | ORMED | THE OFERATION | | | IN CERTIFYING | E FINDINGS CONS | SIDERED |
| 21A. ACCIDENT | WAS UNDERLYING | lass | | Ye | S | | | |
| OR COLUMNIA | GI I CAHER OF | 21B | PLACE OF INJURY (e.g., in b, farm, foctory, street, olf | or obout 210 | WHERE DID | (I) In Boltim | ore City, give exoci | t locotion) |
| DEATH inotify me | dicol exomined | etcJ | tearing among On | and and and and | CAL OCCUR! | | | |
| DEATH inotify me | onth) (Doy) (Year) | (Houd 21E | INJURY OCCURRED | 216 | HOW DID IN | Hay A court | | |
| OF HAJORI | , | | | | HOW DID IN | UKT OCCURT | | |
| (APPROX.) | | Work | e At Work | | | | | |
| 22. I certify tha | t (1) (this hospital) | attended th | e deceased from | 2-4- | | 1969 to | 2-14- | . 60 |
| | | | | | 00 | | | 19 69 |
| | t saw the deceased | | | | 69 and th | at in (my) (our) as | oinion death acc | urred an the de |
| and have and fro | im the causes state | ed abave. (I) | (We) (did) (did nat) vi | ew the bad | y after death. | | | |
| 23A. SIGNATURE | | | | | , | 7 | 23B, DATE SIGN | VED |
| War : | 24.0 | T | Atten | ding [V] | Med. | Stoff C | 230 DATE SIGN | 120 |
| 23C. PHYSICIANS | a y. Fa | 48/18 | | ding X | Director L | Staff Phys. | 2-15 | 5-69 |
| 23C. PHYSICIAM'S NAME (Type) | 0 | 1 | 2 | D. ADDRESS | | | M AS | |
| | Dr. Faus | to | | 7.5 | 14 Divis | ion Street | | |
| A. BURIAL CREMAT | ION 1248 DATE | | ME of CEMETERY OF CREA | | | | | |
| REMOVAL (Spec | ly) | 210.114 | OF CENTELEKT OF CREA | MAIURY | 24D. L | CATION (C | City, town, or count | (Stote) |
| Buxlay. | 2-18-1 | 79 M | (411 THINA | 12 | 1 K | 21/2 | | mi |
| A. DATE REC'D BY | HEALTH DEPT. | SE NAME OF | REGISTRAR | 25E FUN | ERAL DIRECTOR | CALO. | 10 Ala | DRESS / |
| 23 | | D 0 . Sm | 2 stabuna | Van | allisa | MADMA. D | 17814 | ON AN ST |
| | ש בעוטטן | Hadrin D. | C Variables 1. | MILL | 200000 | Lucy - | 10016 | WWW W |
| 150-REV. 1/1/68 | | | | | | | | |



| 1 | 5-11 | 65 | 9 18 | 83 BALTIMORE CITY | | \/ | CO | 4.0.0 |
|------------|------------------------|---|-----------------------|--|--|---------------------------------------|-------------------------------|-----------------------|
| RIR | TH NO. | 0 | | CERTIFICA | TE OF DE | ATH X REG. NO | 03 | 1883 |
| 1, N | AME OF DECE | ROLAND I | | | 2 | DOCOCOCOC | | 7.00p |
| 3. | PLACE IN BALT | MORE MARYLAND, W | | | | ENCE (Where deceased lived. | | nce before odmission) |
| Ho | LL NAME OF | (IF NOT IN HOSPITA | | | A. STATE M DAR X C. CITY OR TOWN | D. | INSIDE CITY LIMITS | |
| 13 | 1 BAU | TO 0194 | HOSPIT | rus | Baltime | | YE | NO 🔣 |
|) | 494 | O EASTERN AVI | E. 2122 | 24 | E. STREET AND I | NUMBER 1918 Clear | wood Rd 2 | 1234 |
| 5. : | EX | 6. RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 93 9. AGE (In years lost birthdoy) | If Under 1 Yo Months: Doy: | r. If Under 24 Hrs. |
| | MALE | WHITE | WIDOWED [| DIVORCED _ | 9/25 | 75 | | |
| don | e during most of w | PATION (Give kind of work orking life, even if retired) ter Plumber | 10B, KIND OF | BUSINESS OR INDUSTRY | MARYLAN | | U. S | OF WHAT COUNTRY? |
| | FATHER'S NAM | | | | 14. MOTHER'S M | | 0. 5 | . A. |
| | 3(3)0 | xx Frederick | | | xp | pook Ellen B. H | | |
| 15. (Ye | s, no or unknown! | Ever in U. S. Armed Fore | ces? s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | | DRESS |
| | no | | | 219-12-5754-1 | BCH RECO | DRDS: 4940 EAS | TERN AVE. | 21224 |
| | 18. 4 / 9 | 1.2V | | CAUSE OF DEATH | | | | PROXIMATE INTERVAL |
| | | OR CONDITION DIE | RECTLY | | - 1 - 1 - 1 - 1 | · · · · · · · · · · · · · · · · · · · | | A |
| | | LEADING TO DEATH | | (A) IMMEDIATE CAU | ISE CO PASESTA | VEHEART FAI | URE | 9 months. |
| | | al meon the made of asthenia, etc. It means | | DUE TO, OR AS | A CONSEQUENCE C | DF: | | |
| | | olicalian which caused | | | | | | |
| - | A | NTECEDENT CAUSES | | (B) CARDOTO | C OBST. P. | OCHONBRY Or. | LEASE | 11/2 year. |
| | | R CONDITIONS, if | | DUE TO, OR AS | A CONSEQUENCE | OF: | | |
| | | above cause (A) | sloling the | (5) | | | | |
| | SHULKLING | | | (C) | | | | |
| TION | | CANT CONDITIONS CO | | Che sa li | whole in | ection Chroni | e Ethourt | uToko |
| ⋖ | DISEASE OR CO | BUT NOT RELATED TO THE | T 1 (A). | Colume a | 7 | | | |
| CERTIFIC | 19A. DATE OF | OPERATION 198. CON | DITION FOR V | WHICH OPERATION | 20 A. AUTOPSY | Yes or No) 20B, IF YES, W | CAUSES OF DEAT | ISIDERED |
| ERT | d | | | | YES | | | YES |
| CALC | OR CONTRIBU | T WAS UNDERLYING TING CAUSE OF medical examiner) | 21 B. hom etc.) | PLACE OF INJURY (e.g., i e, form, foctory, street, of | n or obout 21C. WH fice bldg., INJURY | OCCUR? | timore City, give exa | ct location) |
| ō | | (Month) (Doy) (Year) | (Hour) 21 E. | INJURY OCCURRED | | W DID INJURY OCCUR? | | |
| ME | OF INJURY (APPROX.) | | Whi | le At Not While | e 🗍 | | | |
| | | | Wor | AT WORK | ane /6/1 | 100 10/9 | 201/16 | 119 |
| | | that (I) (this haspital | | to deceased light | | 1968 to | 1.00 1.10 | 19.6.7, |
| | that (I) (we) | last saw the decease | d alive an | Jes / Va | 19.69 | and that in (my) (aur) | apinian death ac | curred an the date |
| | and haur and | fram the causes stat | ed abave. (1 |) (We) (did) (did nat) v | iew the bady aft | er death. | | |
| | 23A. SIGNATUR | | | 4. | | | 23B. DATE SIG | SNED 2/17/69 |
| | GRA | LIELA S. | ALA6 | 2CON Atte | nding Med | d. Staff Phys. | popelación | <u>ාප්දාහල්ද</u> |
| | 23C. PHYSICIAN | RIELA S. | , 0, ,, | DEGREE 1 117 | 23D. ADDRESS | 4940 EASTERN | AVE. 212 | 2018 |
| | | CIELA S. | DIAR | COZAL | BAIT | O CITU | 40 9 | PITALC |
| 24 | BURIAL CREA | | 24C. NA | ME of CEMETERY OF CRE | EMATORY . | 24D. LOCATION | (City, town, or cos | unty) (Stote) |
| | REMOVAL (S | pecily) | | 100 | E-13 | | , , | 1010101 |
| | Burial | 2/21/69 | | lon Park Cem. | lose minima | Balto. Md. | | DDRESS |
| 251 | L DATE REC'D | 18 1969 (T. | 25B. NAME C | F REGISTRAK | 25C. FUNERAL | | | ADDRESS |
| _ | | 4.1 | Childry & | 9000 | raouard | J. Ruck Inc. B | alto. Ma. | |
| 15 | 150-REV. 1/1/6 | 8 | | - C | 100 | U 640 | | |

and a Local control of

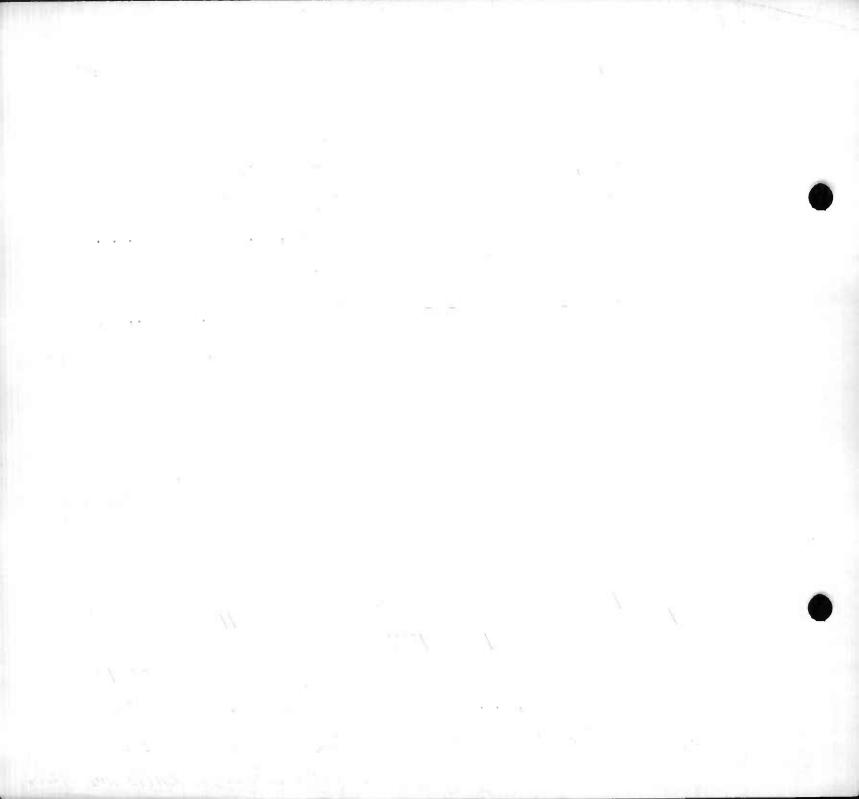
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VS 150-REV. 1/1/68

| | 69 1 | BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1884 |
|------|---|---|---|-------------------------|--|
| | BIRTH NO. | 884 CERTIFICA | TE OF DEATH | REG. NO | 00 1004 |
| | 1. NAME OF DECEASED (Type or Print) HALL, ROBERT SAMU | | | ND HOUR OF DEATH | 1 2:45 A |
| ı | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | NOUNCED DEAD | | | nstitution: residence before admission) |
| | FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) | STITUTION, GIVE STREET | Maryland C. CITY OR TOWN | | 27-31 |
| - 1 | 13 Veterans Administra | tion Hospital | | IDE CITY LIMITS? | |
| | 3900 Loch Raven Bou | levard | Baltimore E. STREET AND NUMBER | YES Y NO | |
| | Baltimore, Maryland | | 3201 Berks | | |
| 2 | | IED NEVER MARRIED | 8. DATE OF BIRTH | 19. AGE (In years | If Under 1 Yr., If Under 24 Hrs. |
| | Male White WIDOW | ED DIVORCED | 9/21/14 | lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 2 | Carpenter | | Hopewell, Mo | | U.S.A. |
| 2 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| | Samuel Hall | | Nellie Sanfo | ord | |
| | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | Yes 3/31/45 - 10/21/ | 46 714-07-9320 | VA Hospital Rec | cords | |
| | 18. / 4 9 V | CAUSE OF DEATH | 3900 Loch Rave | en Blvd., Ra | 1 to Md 27278 |
| | DISEASE OR CONDITION DIRECTLY | | | | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | (A) IMMEDIATE CAU | se Carcinoma of | harmx | 7 months |
| | (This does not meen the made of dying, e heart failure, asthenia, etc. It means the disea | | CONSEQUENCE OF: | ••• | |
| | injury at camplication which caused death.) | | | | |
| | ANTECEDENT CAUSES | | | | |
| | DISEASES OR CONDITIONS, il any, giv nise la the above cause (A) stating UNDERLYING CONDITION last. | ing DUE TO, OR AS the (C) | A CONSEQUENCE OF: | | ************************************* |
| | | | | | *************************************** |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A, DATE OF OPERATION 19B, CONDITION FOWAS PERFORMED | IG AL | | | |
| | 19A DATE OF OPERATION 19E CONDITION FO | R WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 208. IF YES, WERE I | FINDINGS CONSIDERED USES OF DEATH? |
| | WAS PERFORMED | | NO | IN CERTIFYING CA | USES OF DEATH? |
| . 11 | TION CONTINUED THAT CYOSE OF | 21& PLACE OF INJURY (e.g., in home, form, foclory, street, offi etc.) | or about 21C, WHERE DID ce bidg., INJURY OCCUR? | (if In Boltimore | City, give exact location) |
| | OF INJURY (Month) (Doy) (Yearl (Houd) | EL INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| | < IAPPROX.) | While At Work | | | |
| | 22. I certify that () (this hospital) attended | TOTA - AT WORK | | - 68 Mal | 1011 |
| | that (I) (we) last sow the deceased alive of | February 18t | . /^ | | ruary 18th 19 69 |
| | | | secondary and the secondary and the secondary | at in (myly) (our) opin | nian death accurred on the date |
| | and haur and from the causes stated above | (A (Ae) (qiq) (ald vot) Ai | ew the bady after death. | | |
| | Edward Marchis | M) Atten | ding Med. | Shelf I | 23B, DATE SIGNED |
| | 23C, PHYSICIAN'S | DEGREE PRYS. | Drrector L | Staff Phys. | 2/18/69 |
| | 23C, PHYSICIAN'S NAME (Type) FINARD DISCUSS MARKET | | | och Raven Bo | |
| | EDWARD RUSCHE, M | DEGREE | | ore, Marylan | |
| | BURIAL CREMATION, 248, DATE 24C, REMOVAL (Specify) 2 20 69 BA | NAME OF CEMETERY OF CREA | Cenetes 240. Le | 0 14 | y, lown, or countyl (State) |
| 2 | SA. DATE REC'D BY HEALTH DEPT. ISER NAM | E OF BEGISTRAP | | 11/1/1/1/ | 10x6, 1110. |



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VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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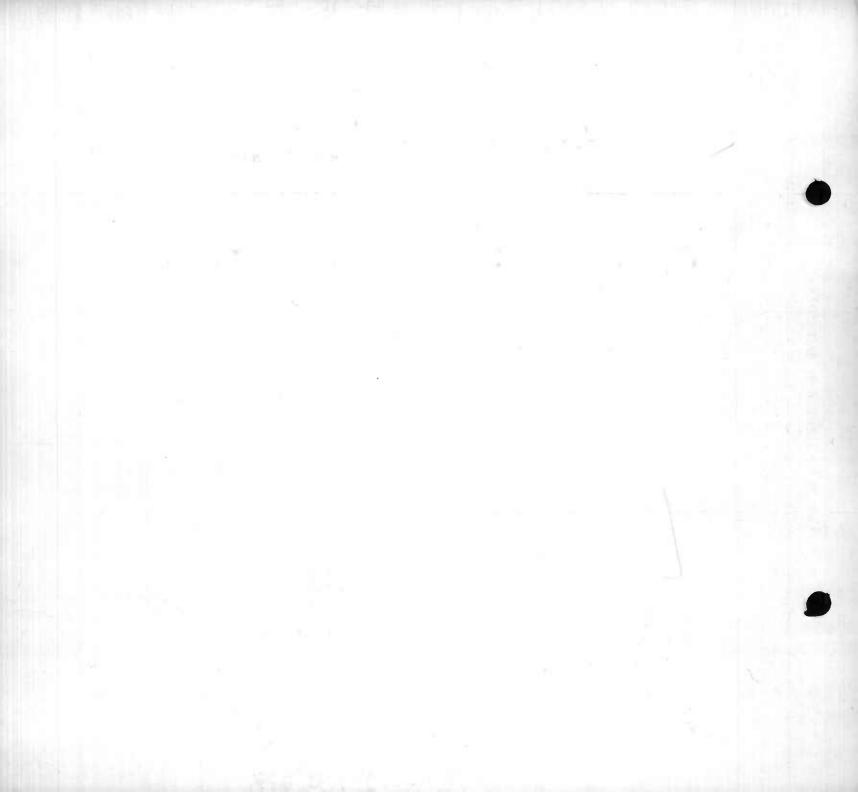


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VS 150-REV. 1/1/6B



| | C | 0 400 | BALTIMORE CITY | HEALTH DEPARTMENT | | CO | 1000 / |
|--|--|------------------------------------|--|---|--|-------------------------------|--|
| BIRTH NO. | 9-03045 | 9 188 | CERTIFICA | TE OF DEATH | REG. NO | 77 | 1009 Y |
| 1, NAME OF DE | | 4 Bou | thner | 2. DATE AL | ND HOUR OF DEATH | 1/ | 1:55 A M |
| FULL NAME O | F (IF NOT IN HOSP | | NCED DEAD | 4. USUAL RESIDENCE (Who A. STATE B. COUR | era deceosed lived. If i NTY | nstitution: residen | ce before odmission) |
| HOSPITAL OR INSTITUTION | | 11 | 0 111 | C. CITY OR TOWN Baltimore | D. INS | YES WITTE | ? NO [] |
| | 4 | ital of | | 1669 Wood | | | 8 |
| 5. SEX Male | 6. RACE CUPATION (Give kind of wo | WIDOWED | DIVORCED DIVORCED | 2/16/69 | 9. AGE (In years lost birthdoy) | If Under 1 Yr Months Ooys | - 20 |
| Babe | of working life, even if retired | | | Baltimore | Md, | USA | OF WHAT COUNTRY |
| 13. FATHER'S N | ph | Bo | uthner | 14. MOTHER'S MAIDEN NA BARBARA | mc Ca | RTY | |
| 15. Was Decease (Yes, no of unknown | d Ever in U. S. Armed F | orces? Hes of service) | 1 6. SOCIAL SECURITY NO. | Frankly Vers | irds | ADD | DRESS |
| TB. DISE. | ASE OR CONDITION D | | CAUSE OF DEAT | =+0 = 1 | Ludia | | PROXIMATE INTERVAL |
| heort foilure | nol meon the mode of , oslhenio, etc. Il meon implication which cause | of dying, e.g., ns the diseose, | (A) IMMEDIATE CAL DUE TO, OR AS | | agra / | | 20 minuo |
| | OR CONDITIONS, if | ony, giving | (B) COLD DUE TO, OR AS | tightly arous | nd neck x | (2 | ••••••• |
| | he obove couse (A' |) sloting the | (c) karale | rda | | | |
| TO THE DE | IFICANT CONDITIONS CONTINUES TO CONDITION OF PARTY OF THE | THE TERMINAL | unster | de uncontro | lled deli | very | 00 10 01 00 10 10 10 00 00 00 00 00 00 0 |
| E O | WAS PE | RFORMED | HICH OPERATION | 20A. AUTOPSY? (Yes or N | o) 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CON LUSES OF DEAT | NSIDERED H? |
| OR CONTRI | ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) | | PLACE OF INJURY (e.g., i , form, foctory, street, o | n or obout 21 C. WHERE OID ffice bldg., INJURY OCCUR? | (If In Boltimo | re City, give exo | ct location) |
| 21 D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeo | | e At Not While At Work | 21F. HOW OID IN. | JURY OCCUR? | | |
| | y that (I) (this haspite | | 2 /16 /69 | 2/16/69 and th | | 2/16/69 Inian death oc | curred an the date |
| and haur a | | ated abave, (1) | | riew the bady after death. | | 23B. DATE SIG | |
| 23C. PHYSIC NAME | d Gladal | one, | DEGREE Phy | ending Med. Director 23D. ADDRESS | Staff Phys. | 2/16/ | 69 |
| 24A. BURIAL CE | dd Glads | tone 24C. NA | M.D. DEGREE | Sinoi Ho EMATORY 24D. L | populal of | Belliand | enty) (Stote) |
| BUTIAL 25A. DATE REC | rep.18,1 | 1969 Pro | spect Hill | Cemetery To | Tuson, 7 | red. | ODRESS |
| /s 150-REV. 1/1 | EEB 1.9 1969 | RA & | E of toplante | John Buy | me Some, | Town | n. Med. |



1 1890 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED

12. DATE Known XX Month

69 1890

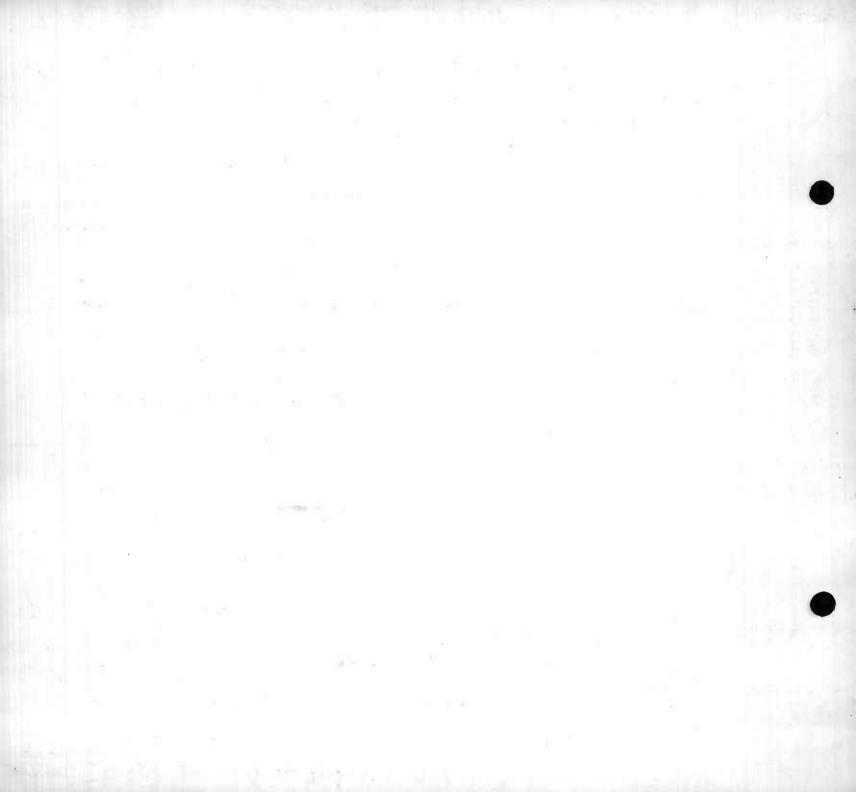
| BIRTH NO. | -AAMII AER 5 C | LIVIIII | CAILO | I DLA | REG. N | ٧٥ | |
|---|--|----------------|-------------------------|---|----------------|-------------------|--|
| NAME OF DECEASED | | 2. DATE | Known XX | Month | Doy | Yeor | Hour |
| (Type or Print) JEANETTE WARFIE | LD | OF DEATH | Estimated [| 2 | 16 | 69 | 3:30 p M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PROP | NOUNCED DEAD | 3. DATE | | Month | Doy | Yeor | Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL ADDRESS OR LOCATION) | TION, GIVE STREET | PRONO | UNCED DEAD | Februar | cy 16, | 1969 | 3:30 p M |
| OR INSTITUTION | | 5. USUAL R | | | | | before odmission) |
| Sinai Hospital B. O | ٨ | A. STATE | Marri and | ~1) | B. COUNT | ry 5: | 3-00 |
| | | C. CITY OF | Maryland | Di | D INSIDI | E CITY LIMITS? | |
| MARKIEL | NEVER MARRIED | | | | J. 1143121 | | |
| Female White WIDOWED | | L | OWINGS M | ILLS | | YES | NO X |
| lost birthdoy) Mo | Under 1 Yr. If Under 24 Hrs. onths; Doys; Hours; Min. | | | | | | |
| June 2,1954 14 | | | Embleton | Road | | | |
| 1. BIRTHPLACE (State or foreign country) 12. | CITIZEN OF | 13. FATHER | 'S NAME | | | | |
| Balto. Md. | WHAT COUNTRY? | | ward J. V | | .d | | |
| 4A.USUAL OCCUPATION (Give kind of work 14B. KIND O | F BUSINESS OR INDUSTRY | 15. MOTHE | R'S MAIDEN N | AME | | | |
| student | | Je | annette l | E. Witl | er | | |
| 6. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. SOCIAL | 18. INFOR | TANK | | | ADDRESS | |
| Yes, no or unknown) (If yes, give wor or dates of service) | SECURITY NO. | Mr. | Howard J. | Warfi | h[a | Same | |
| 19. | CAUSE OF DEA | <u> </u> | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .024 | A | APPROXIMATE INTERVAL |
| 671/X1 | | Maria | | | | BET | WEEN ONSET AND DEAT |
| DISEASE OR CONDITION DIRECTLY | | | | | | | |
| LEADING TO DEATH | (A)IMMEDIATE C | | Asphyxia | | **** | | |
| (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, | DUE TO, OR | AS A CONSEC | DUENCE OF: | | | | |
| injury or complication which coused death.) | 1 | | | | | | |
| ANTECEDENT CAUSES | (n) asni | ration | of noncor | 'n | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING | DUE TO, OR | AS A CONSE | OF POPCOL | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | | | |
| Z ONDERLYING CONDITION LAST. | (c) | | | | | | |
| 11 | | | | -10 | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO | | | | | | | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | ~~~~~ | | | | all-consists can |
| 20A. DATE OF OPERATION 20B. CONDITION FO | R WHICH OPERATION W | AS PERFORM | MED | | | 21. AUT | OPSY? (Yes or No) |
| | | | | | | | yes |
| Z22A EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTION OF CAUSE OF DEATH. | PLACE OF INJURY (e.g., | in or obout | 22C. WHERE DI | O (If in Boltim | ore City, give | e exoct locotion) | |
| UNDERLYING TOR CONTRIB- | ne, form, foctory, street, offic | e bldg., etc.) | NJURY OCCUR | ? | | | |
| | Movie theate | | VILLAGE 22F. HOW DID | Theat | er, Re | isterst | own Plaza |
| OF INJURY | | WHILE | 21. HOW DID | INJUNI OC | CORE | (| 33-00 |
| (APPROX.) 2 16 69 2:24 ₁ | WORK AT W | ORK XX | Subject | asphy | xiated | on pie | ce of popc |
| 23. | | | | | | | |
| I cortify that I held an Inquiry | Inspection Au | topsy X | ond that an | this basis | , deoth in | my opinion | |
| resulted from; Notural causes 🔲 👔 | Accident XX Suicio | le 🗌 H | omicide 🔲 | Undetern | nined monn | er 🗌 | |
| 7 1111 | | | CHIEF MEDICA | LEXAMINER | | | |
| ACTUAL SVA A TINI | | ASS | STANT MEDICA | | | | DATE SIGNED |
| SIGNATURE OWO E J | M.D | | | | | 2/17/ | 69 |
| EXAMINER'S NAME (Type) Edward F. Wil | son M D | ASSO | OCIATE MEDICA | LEXAMINER | | ~/ 1.1/ | |
| | SOIL, M.D. | or CREMATE | DRY 124 | D. LOCATIO | N (City | town, or county | y) (Stote) |
| REMOVAL (Specify) | | | 24 | | | | (31016) |
| burial 2/20/69 | Holy Redee | mer | | Ba | lto., | Md. | The same of the sa |
| | NE OF REGISTRAR | 25C. | FUNERAL DIREC | CTOR | | ADDRESS | |
| 1 EB 18 1969 010 6 | 2. FarberMA | 3.62 | | | 2 11 | 6500 W | amle Da |
| 14.300 | , , , , | Mi. | tchell-Wi | | | | |
| S 151-REV. 1/1/68 | 6 9 0 1 | 0 1 | ΩΩ | Bal | to. M | d. 2121 | 2 |

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VS 150-REV. 1/1/68

2/24/69 - Correction form from funeral director.

| BIRTH NO | of DECEASED | 50 | | 11- | | 2. DATE AND | HOUR OF DEAT | TH / / / / / / / / / / / / / / / / / / / |
|--|--|--|---|--|---|---|---|--|
| 3. PLACE | IN BALTIMORE, | DWARD WARD W | HERE PRONOU | HEIM NCED DEAD | 14. USUAL RESID | DENCE (Where | deceased lived. | f institution; residence before ogni |
| | | | | | A. STATE | B. COUNTY | | P.11 |
| FULL NA HOSPITAL INSTITUTI | ON | DRESS OR LOCA | ATION) | TION, GIVE STREET | C. CITY OR TOW | | IMORE D. I | NSIDE CITY LIMITS? |
| 21 | BALTI | IMORE CII | | TALS | | | | YES NO X |
| 21 | | EASTERN A | | 07001 | E. STREET AND | | | |
| S. SEX | BALT. | IMORE, MA | | 21224 | | ELAND AVE | BALT | IMORE, MD. 2122 |
| | | | | NEVER MARRIED | B. DATE OF BIRT | IH 9. | AGE (In years st birthday) | Months Doys Hours |
| MALE OA, USUA | L OCCUPATION | | WIDOWED 10B, KIND OF | DIVORCED BUSINESS OR INDUSTRY | 9-27-32 | (State or foreign | | 12, CITIZEN OF WHAT CO |
| done during | most of working life | e, even if retired) | | | MARYI | | 7 | U.S.A. |
| - | CUCKDRIVE | ı. | | | 14. MOTHER'S / | | | 0,0,11, |
| | | | | | | | | |
| | LLIAM ecoased Ever in I | U. S. Armed For | ces? | 1 6. SOCIAL | MARLA 17. INFORMANT | CVACH | 10 N N N N N N N N N N N N N N N N N N N | ADDRESS |
| Yes, no or | unknown) (If yes, | give wor or dote | s of service) | SECURITY NO. | 174 | 45 | 40 EASTE | RN AVE. |
| UNK 1B. | 1 1 2 7 | | | 563-40-2753 CAUSE OF DEAT | BCH: REC | URDS BA | LTIMORE, | MARYLAND # 21224 |
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Fromben Debriet Anonhorin Topon Henderichly Heroduste adorrada hang whether heart for lune Wannederfreprison HD. MARVELLA A. RIBEIRO N.D.

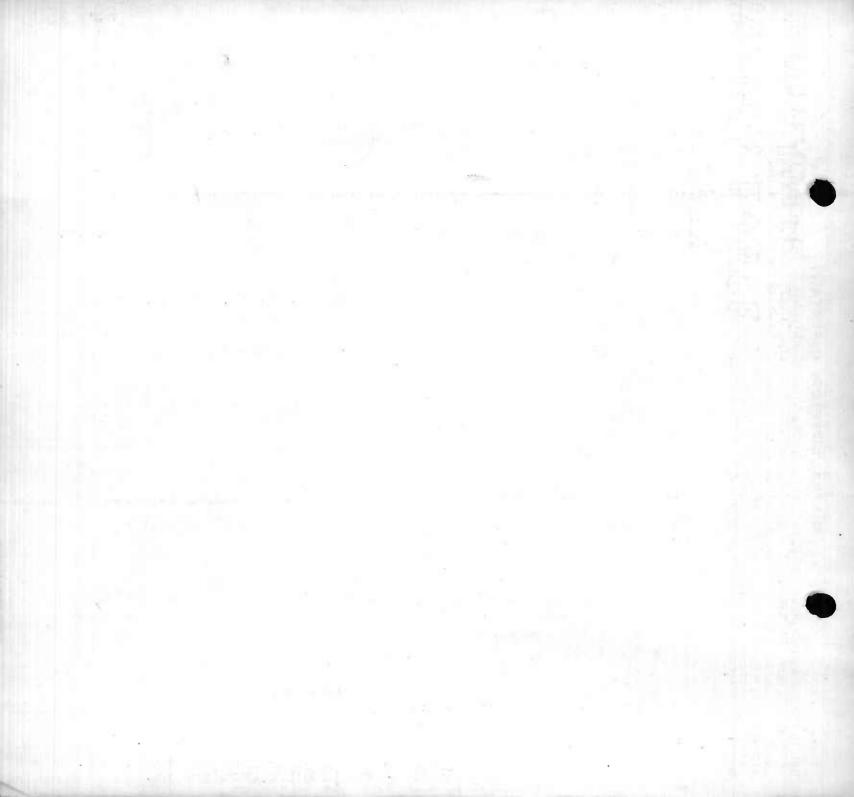
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| | 01 | 1 | BALTIMORE CITY | | | | 69 1894 |
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| DIDTH AND | 63 | 1 | .894 CERTIFICA | TE OF | DEATH | REG. NO | 00 1034 |
| BIRTH NO. | CEASED | | | | 2. DATE AN | ID HOUR OF DEATH | Н |
| (Type or Print) | CHARLE | ES JA | MES NOVAK SR. | | Feb. | 15, 1969 | 9 8 a. A |
| 3. PLACE IN BAL | LTIMORE, MARYLAND, V | VHERE PRO | NOUNCED DEAD | A. STATE | RESIDENCE (When | re deceased lived. If | institution: residence before admission |
| FULL NAME OF | HE NOT IN HOSPIT | AL OR IN | STITUTION, GIVE STREET | ľ | 1d. 2121 | L3 | 11-23 |
| HOSPITAL OR | ADDRESS OR LOC | ATION) | SHIOHON, GIVE SIKEEL | C. CITY OR | TOWN | D. IN | SIDE CITY LIMITS? |
| 143111011014 | | | | Bal- | timore | | YES X NO |
| 00 3 | 406 Brendar | Ave | | | ND NUMBER | | |
| | | | | 3406 | Brenda | an Ave | |
| 5. SEX | 6. RACE | 7. AAADD | RIED NEVER MARRIED | 8. DATE OF | BIRTH | 9. AGE (In years | If Under 1 Yr. , If Under 24 Hrs |
| male | white | WIDOV | WED DIVORCED | 8/13, | /92 | last birthday) 66 | Manths Doys Haurs Min. |
| | | k TOB. KINI | OF BUSINESS OR INDUSTRY | 11. BIRTHPL | A CE (State or fore | ign country) | 12. CITIZEN OF WHAT COUNTR |
| Attorn | warking life, even if retired) | Sel | f-employed | Ral: | timore, | Md. | |
| 3. FATHER'S NA | * | 301 | летріруса | | S MAIDEN NA | | |
| | Joseph Nova | ak | | | unkno | | |
| 5. Wos Deceased | d Ever in U. S. Armed Fa | rces? | 16. SOCIAL SECURITY NO. | 17. INFORM | ANT 733 N. | Patterson | n Park Pre . 21205 |
| | | | 214-38-6702A | Char | cles Nov | ak, Jr. | son |
| 18. 44 / | 2 2 | 1 | CAUSE OF DEATH | | 1.0 | , 0-0 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| DISEASES rise to the UNDERLYIN | ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO | ony, girstating | (C) | | ioscleros | | |
| V DISEASE OR | CONDITION GIVEN IN PA | RT 1 (A). | | | OPSY? (Yes or No | | FINDINGS CONSIDERED |
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| OR CONTRIB | NT WAS UNDERLYING UTING CAUSE OF y medical exominer | | 21B PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.) | | | (If In Baltime | ore City, give exact location) |
| 21D. TIME | (Month) (Doy) (Year) | (Haur) | 21E. INJURY OCCURRED | | HOW DID INJ | URY OCCUR? | |
| S OF INJURY | | | While At Not While | | | | |
| | | | Traik — Al traik | | | | |
| | | | ed the deceased from | | | 19to de | |
| that (I) (Jex | last sow the deceas | ed alive | on January 15 | 19 | 69ond th | ot in (my) DEDECK of | pinian death accurred on the do |
| and hour on | d from the couses sto | ted obov | e. (1) (35) (353) (did not) v | iew the boo | ly after deoth. | | |
| 23A. SIGNAT | URE | 1. | and A A Aud | | | | 23B. DATE SIGNED |
| | CU DOM | 1 K. | Dhys | nding X | Med. | Staff Phys. | 2-17-69 |
| 23C. PHYSICIA | | 1100 | DEGREE | 3D. ADDRES | | | 2-11-07 |
| NAME (| Type) // | ord K | irkpatrick Jr | 14/5 | | ager St. | |
| 244 2000 | | | DEGREE | | | | Cit. |
| REMOVAL | (Specify) 248. DATE | 24 | C. NAME of CEMETERY OF CRE | MATORY | 24D. L | OCATION | City, town, ar caunty) (State) |
| Burial | 2/18, | /69 | Bohemian Nati | onal | Cem. I | Baltimore | , Md. |
| 25A. DATE REC'D | BY HEALTH DEPT. | | ME OF REGISTRAR | 25C. FUI | VERAL DIRECTOR | | ADDRESS |
| No. | 20 1969 0 | S - S-2 | Estolian . | | | rehms Lan | ome, Inc. |
| A. marrie | | E HOUR A STATE OF | Carlot Ca | 1 2 | | LETHIS LAH | E |

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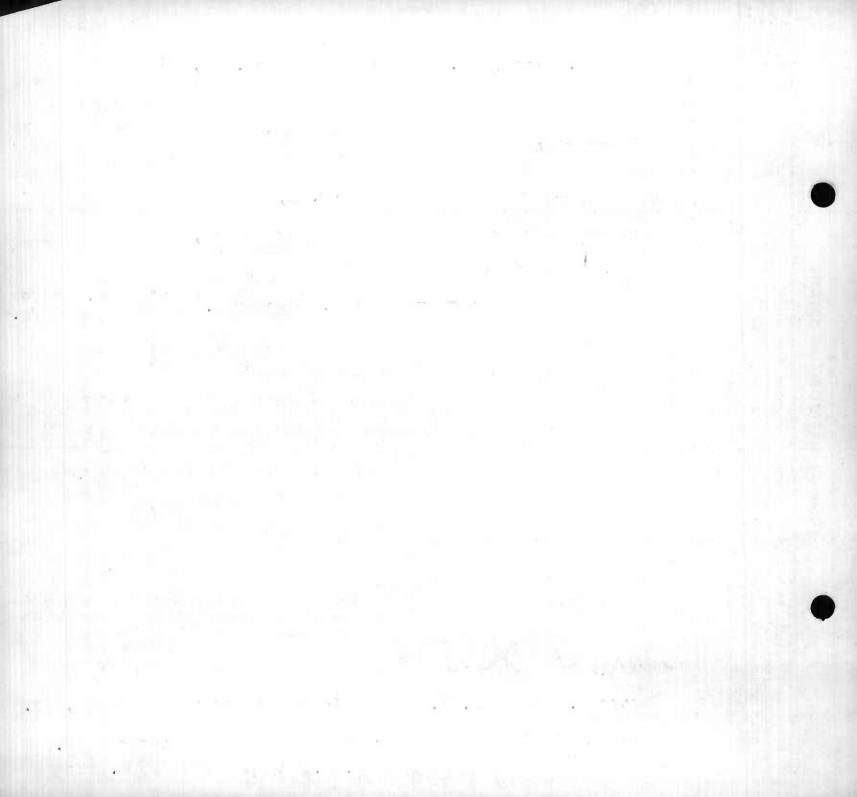
50 lived. If institution: residence before admission D INSIDE CITY LIMITS? YES NO If Under 24 Hrs. If Under 1 Yr. Monthsi Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Harry J. Smith, friend, above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOTIRECTI 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct locotion) and that in(my) (our) opinion death accurred on the date 23B. DATE SIGNED 2/17/16 deceased (City, town, or county) shows: Mas ADDRESS Schimunek Funeral Home, Inc. ¥ 0 1969 Madison St VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

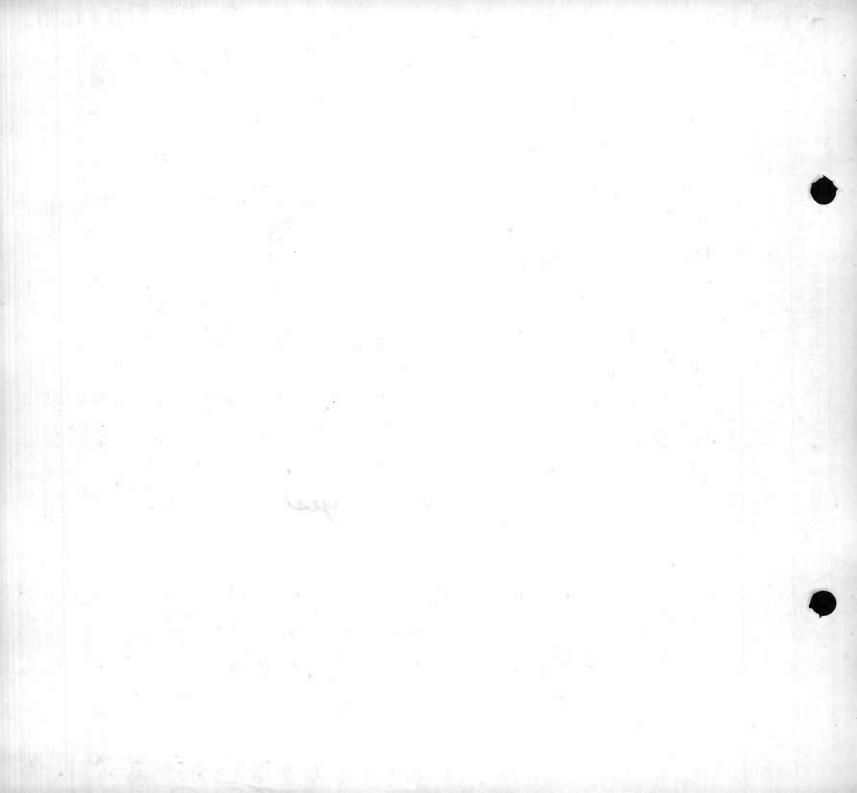


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Letter from Balto. City Hospitals . 4-3-69 M.H.



3/4/69- Sweide - Information vra showe from In E. Wilson, med efam. ge

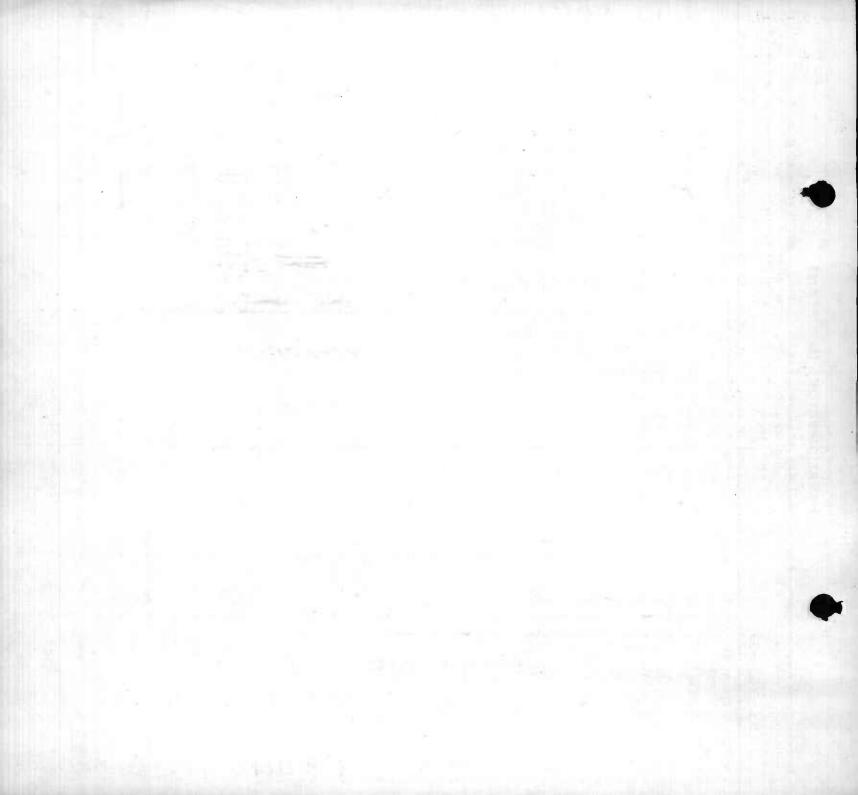


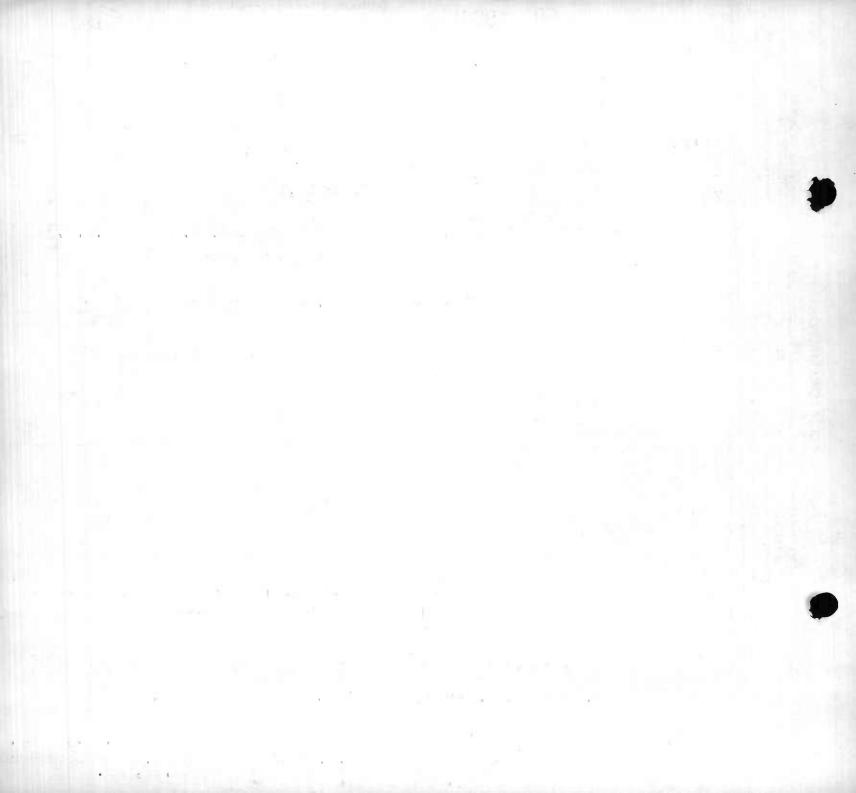
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| | 5 0 0 4 | 3. 1 | | MORE MARYLAND, V | | JNCED DEAD | | RESIDENCE (Where | deceased lived. If i | nstitution: rosi | idence before admission) |
| | Spi Ce So to | | | | | | A. STATE | B. COUNT | Υ | 11 | |
| | hos use (5) and de | FU HO | LL NAME OF | ADDRESS OR LOC | TAL OR INSTITE | UTION, GIVE STREET | C. CITY OR | | D INIS | IDE CITY LIM | TIC2 |
| | a h cous se; (enda to c | IN: | TITUTION | me city | | | | | 0. 1143 | YES X | No 🗌 |
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| | ed in ting d cou r att prior e. | 13 | 494 | O EMOTEMN A | الملكة الملكة | 4 | 628 BARRE ST. | | | | |
| И., | - D 0 0 0 | S. S | EX | 6. RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF | BIRTH 9 | . AGE (In years | If Under | 1 Yr. , If Under 24 Hrs. |
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| | if d wow wo the pos | 13. | FATHER'S NAM | \E | | | 14. MOTHER | R'S MAIDEN NAM | | | |
| | Fire times | | SLAVANIS | SE, s | | | 7 | min El | LA | | |
| | AN stont ind; eath e on | 15. (Yes | Was Deceased | Ever in U. S. Armed Fo | rces? es of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORM | ANT | | <i>A</i> | 21224 |
| | TA ist ist in de ce ce | | | , | | SECONITY NO. | DOH. DI | PRODUCE 10 | O EVENEDM | A TITE TO | ALTO, ID. |
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| | IMPORTAN r his assistant Also, if the di t of any kind; ounced death ittendance on | | DISEASE | OR CONDITION D | IRECTLY | | | | | 6E | TWEEN ONSET AND DEATH |
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| | e chief re by a m 2) Body ce the physicio | 2 | | OPERATION 19B. CO | NDITION FOR Y | WHICH OPERATION | 20 A. AUT | OPSY? (Yes or No) | 20B. IF YES, WERE | FINDINGS | ONSIDERED |
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| | y th ital e; (3 yher No | AL | DEATH (notity | medical examiner | etc. | | | | | | |
| | .0 0 - 5 73 | 100 | | (Month) (Doy) (Yeor | (Hour) 21E | INJURY OCCURRED | 211 | F. HOW DID INJU | IRY OCCUR? | | |
| | oved le hosp natu cept nd (6) | × | OF INJURY | | Wh | ile At Not Wh | le 🗍 | - | | | |
| | A A U = . | | | | Wo | rk | 00/12 | | - 10 | 2/10 | 1959, |
| 1 | the the an obt | | | that (t) (this haspite | | he deceased from | | 1 60 | 968 10 | | |
| | of of of old (h); | | | lost sow the deceas | | | 19 | 180 | it In (my) (out) op | Inian death | occurred an the date |
| | st be o ased to lent of sspitol death) | | and hour and | from the couses sto | ited abave. (I | (did) (did not) (\text{we}) | view the bad | dy after death. | 0.00 | | |
| | eased tident of hospito | | 23A. SIGNATUR | E 41 8/1 | - 1 | | | | | 23B. DATE | SIGNED 18/69 |
| | | | 1 | len The | who 1 | M. O. OEGREE | ending | Med. Director | Staff Phy s. | 12/ | 15/69 |
| | e n occorre | | 23C. PHYSICIAN NAME (Ty | VS / | | | 23D. ADDRES | | and Mar | | |
| ` | ificate y wos r 1) An o 3.A. at d prior approv | | | TEVEN J | Tair | DMAN M.D | 2940 | EASTERN A | VE. BALTO. | MD. 21 | 224 |
| | | 244 | BURIAL CREM | | 24C. N. | AME OF CEMETERY OF CH | 1 | 24D. LC | CATION (C | City, town, or | county) (State) |
| | F# 000 = | | REMOVAL IS | 2/221 | 69 m | IT de las | 1200 | 12 | 20 Ptime | no. | mcl |
| | | 1 | DATE REC'D | AY HEALTH DEPT | 125B NASAF | E REGISTRAR | 250 PH | NEEAL DIRECTOR | 7 | | AODRESS |
| | This cer the bod shows: wos D.C decease | 1 | FEB | 20 1969 02 | 1.52. | Market () | 0 (11) | DaNos | A. Pena | 66 | W/Barrs |
| | - - 4 4 7 0 7 | VS | 1SO-REV, 1/1/6 | В | | | N | and of | x' 1 Coc | | 5/ |
| | | _ | | | | | | | | | |



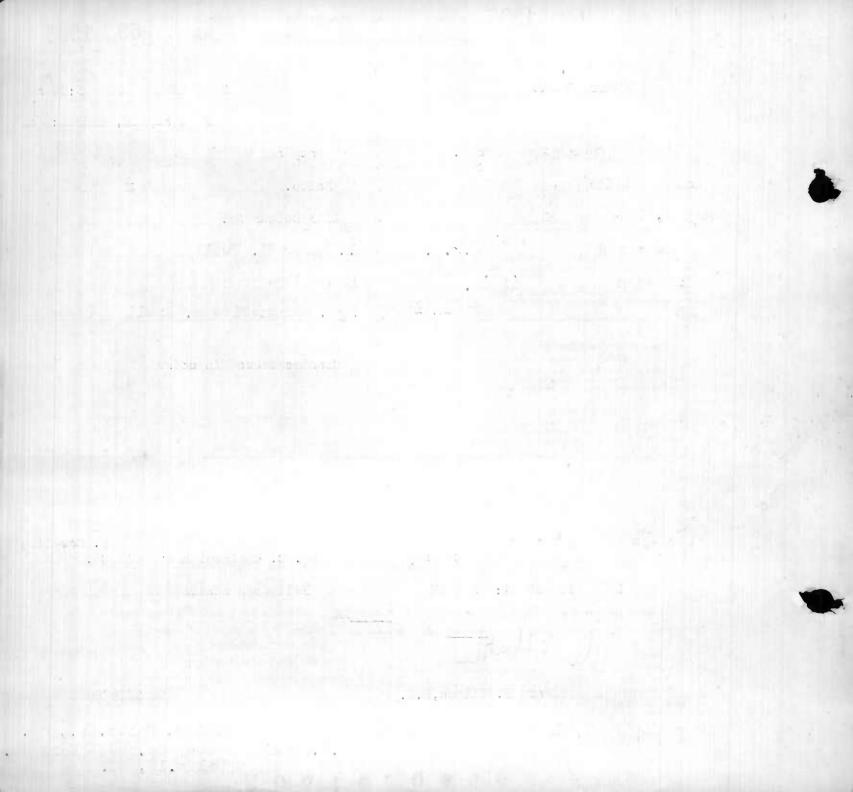


69 1905 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 1905

| BIRTH NO. | | MILL | ICAL | EXAMINERS | CLKIIII | CATEO | F DEA | REG. NO |) | |
|--|---------------------------------|----------------|------------|---|------------------|----------------------|-----------------|------------------|------------|-----------------------|
| . NAME OF DEC | EASED | R. | | | 2. DATE | Known 🖳 | Month | Day | Yes | or Hour |
| Type or Print) | EMMETT | 1 | | | OF | Estimoted [| | | | |
| . PLACE IN BAL | TIMORE, MA | RYLAND. V | HERE PR | ONOUNCED DEAD | DEATH 3. DATE | | Manth | 19 Doy | 6.9 Ye | |
| JLL NAME OF | | | | TITUTION, GIVE STREET | | UNCED DEAD | MOMM | Doy | 10 | |
| OSPITAL R INSTITUTION | ADDRE | SS OR LOCA | TION) | | | | | February | | 1969 5:00a |
| 26 | | | | | A. STATE | ESIDENCE (Wh | ere deceosed | B. COUNTY | | nce before admission) |
| 30 | Chi | irch Ho | ome & | Hosp. | A. SIAIL | Maryland | | B. COUNTY | 1 | 4-01 |
| SEX | 7. RACE | | - | IED NEVER MARRIED | C. CITY OF | TOWN | | D. INSIDE | CITY LIMI | IS? |
| W-1- | T71. * 1 | | | | | | | | | |
| Male DATE OF BIRT | <u> White</u> | 10. AGE (II | WIDOW | /ED DIVORCED L | F CIDEET | Balto. AND NUMBER | | | YES T | NO L |
| | | lost birthdo | | Months, Days, Hours, Min. | E. SIKEEI | AIND INUMBER | | | | |
| ay 5, 1 | | 82 | | | 15 | 13 Bolto | n St. | | | |
| BIRTHPLACE (S | state or foreig | n country) | | 12. CITIZEN OF | 13. FATHER | | | | | |
| Mary | .Tond | | | WHAT COUNTRY? | Col m | homas J | Eliza | 7 7 | | |
| A.USUAL OCCU | PATION (GIVE | kind of work | 14B. KIND | OF BUSINESS OR INDUSTR | V 15. MOTHE | R'S MAIDEN N | AME | 1.1. | | |
| ne during most of v | vorking life, ev | en ifretired) | Vm. | C. Robinson | | | | | | |
| DOTEDIN | CLII | | ()) | Co. | Mar | | nson | | | |
| WAS DECEAS | (If yes, give w | u.S. AKMED | of service | SECURITY NO. | 18. INFOR | MANT | | | ADDRESS | 1.2.2. |
| No | | | | 214-03-3893 | 3 Mrs | . Margu | erite | M. Ew | ell | (Same) |
| 19 | ZAY | | | CAUSE OF DEA | | | | | | APPROXIMATE INTERVAL |
| 500 | 9/ | | | | | | | | 1 | BETWEEN ONSET AND DEA |
| | E OR COND | | CTLY | | | | | | | |
| | LEADING TO | | | (A)IMMEDIATE | CAUSE Cr | aniocere | bral in | njuries | | |
| heart tallure | at meon the , osthenio, etc. | . It means the | diseose, | DUE TO, OR | AS A CONSEC | QUENCE OF: | | 9 | - 1 | |
| injury ar con | nplication which | th caused dec | th.) | | | | | | | |
| | VIECEDENII. | CAUCEC | | | | | | | | |
| | OR CONDITION | | GIVING | (B) | AS A CONSE | QUENCE OF: | | | | |
| RISE TO THE | ABOVE CAL | JSE (A) STA | ING THE | | | | | | | |
| UNDERLYIN | G CONDITI | ON LAST. | | (c) | | | | *********** | | |
| OTHER SIGN TO THE DEA DISEASE OR | | 11 | | | | | | | | |
| OTHER SIGN | IFICANT CON | DITIONS CO | ONTRIBUT | ING | | | | | | |
| DISEASE OR | CONDITION | | | INAL | | | | | | |
| 20 A. DATE OF | | | | FOR WHICH OPERATION W | AS PERFORA | AED | | | 21. AI | JTOPSY? (Yes or No) |
| 12. | | | | | , | | | | | |
| | | | | | | | | | | YES |
| UNDERLYING | NAL CAUSE | | | 22B. PLACE OF INJURY (e.g., hame, farm, factory, street, offic | in or obout | NIURY OCCUP | O (If In Baltim | ore City, give e | xacp ordic | S. Carolin |
| UTING CA | | | | _ | 1 | | | | | 1 1 |
| 22D. TIME | | ay) (Year |) (Hour | Company) 22E.INJURY OCCURRED | | Wm. C. | KODINS(| UR? | ULL | CO. C. O. |
| OF INJURY | , | | | WHILE AT THE NOT | WHILE - | | | | | |
| (APPROX.) | 2 | 18 6 | 9 11 | | VORK | Fell d | own sta | airs | | |
| 23. | | | | ı . — | | | | | | |
| l cert | ify that I he | eld on 1 | nquiry L | Inspection Au | topsy XX | ond that or | this bosis | , death in m | y apinio | n |
| result | red from | oturol kou | ses | Accident XX Suici | de H | omicide 🗌 | Undeterm | ined manner | | |
| | 5 | 1 | 11. | 7 | | CHIEF MEDICA | | | | |
| ACTUAL | 111 | 100 | TV | 11 | | | | | | DATE SIGNED |
| SIGNATO | JRE | 2000 | 9 | M.[| O. ASS | ISTANT MEDICA | L EXAMINER | Lxxx | | |
| EXAMIN | | | | | ASSC | CIATE MEDICA | LEXAMINER | | | |
| NAME (T | | | rd F. | | | | | | 2/10 | 1/69 |
| A. BURIAL CREA | | 48. DATE | | 24C. NAME of CEMETERY | ar CREMATO | DRY 24 | D. LOCATIO | N (City, to | wn, ar cou | nly) (State) |
| EMOVAL (Specif | (4) | 100 / | | | | | | | | |
| Burial | 7 | 2/21/ | 59 | Druid Ridge | 3 | P | ikesv | Ille, I | Balto | Co., Md |
| SA. DATE REC'D | BA HEALTH [| DEPT. | 258. N | AME OF REGISTRAR | 25C. | FUNERAL DIRE | ng & | Sons Co | ADDRESS | |
| | - A & - | 1000 / | 00 | 1 2 Farkey MA | 11. | " O CHINT | | | - | |
| 6 | R. Z. Li | 120H (| 11 /20 | | | | DE | alto.la | IVIC | i.e. |



69 1900

| ВІ | MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO. |
|---------------|--|--|
| | NAME OF DECEASED HENRY RITTERPUSCH | |
| Ĺ | CHARLES / RITTERPUCH- | OF DEATH Estimoted 2 18 69 5:55 p.m. |
| | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Year Hour |
| HC | LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | PRONOUNCED DEAD February 18, 1969 4:55 p.m. |
| C | ERTIFICATE AMENDED Union Memorial Hospital D.O.A. | 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY 27-/0 Maryland |
| 6. | SEX 7. RACE B. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| | Male White WIDOWED □ DIVORCED □ | Balto. YES NO |
| 9. | DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. | E. STREET AND NUMBER |
| | eb. 2, 1908 61 | 4801 Old York Rd. |
| 11. | BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| | Baltimore, Md. WHAT COUNTRY? | Charles Louis Ritterpusch |
| dor | .USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR e during most of working life, even if retired) | 15. MOTHER'S MAIDEN NAME |
| | Proprietor Store | Gretchen Beimiller |
| 6. Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown)((if yes, give wor or dotes of service) SECURITY NO. | 18. INFORMANT ADDRESS |
| | No | Mrs. Margaret C. Ritterpusch (Same) |
| | 19. CAUSE OF DEA | |
| NO NO | RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | AS A CONSEQUENCE OF: |
| CERTIFICATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | AS PERFORMED 21. AUTOPS Y? (Yes or No) |
| _ | | YES |
| MEDICA | UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY home, form, foctory, street, offit Store (home) 22E.INJURY OCCURRED | in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 1 |
| | | VORK Shot during hold -up (owner of stor |
| | | topsy XX and that on this basis, death in my opinion |
| | resulted from: Natyrol causes Accident Suici | |
| | Accident 5 | CHIEF MEDICAL EXAMINER |
| | ACTUAL STANGE NO. | ASSISTANT MEDICAL EXAMINED XX |
| | SIGNATURE M.E | D |
| | NAME (Type) Edward F. Wilson, M.D. | ASSOCIATE MEDICAL EXAMINER 2/19/69 |
| | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY | |
| RE | MOVAL (Specify) | |
| | MOVAL (Specify) Burial 2/22/69 Loudon Par | |
| | MOVAL (Specify) | Baltimore Md. 125C FUNERAL PIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd Balto 12. Md. |

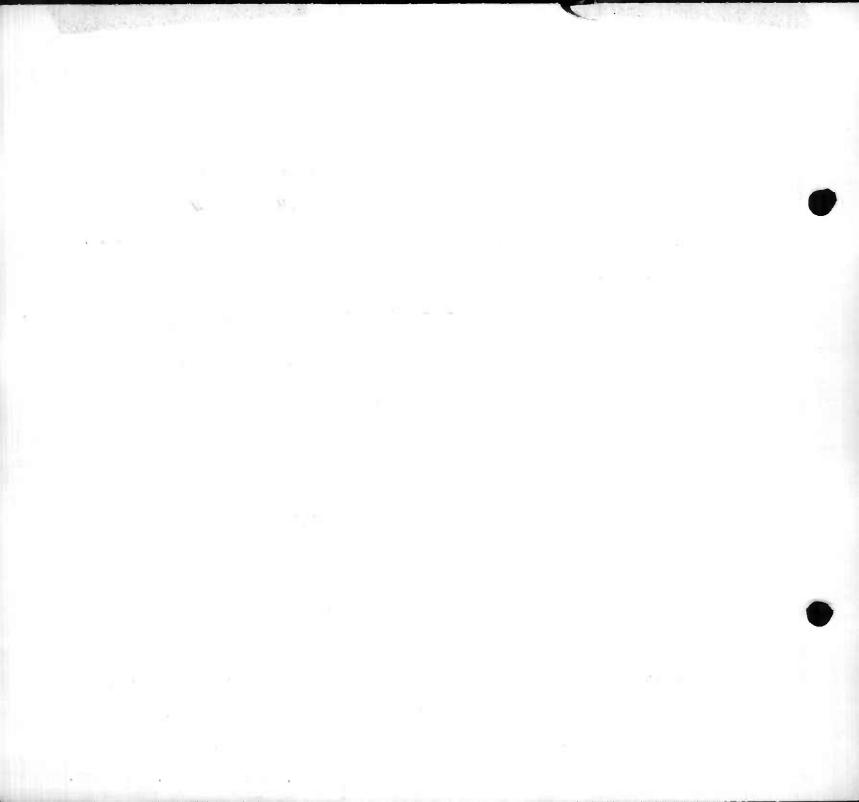
· IJ IJI

L 10 E E

IMPORTANT

FUNERAL DIRECTOR:

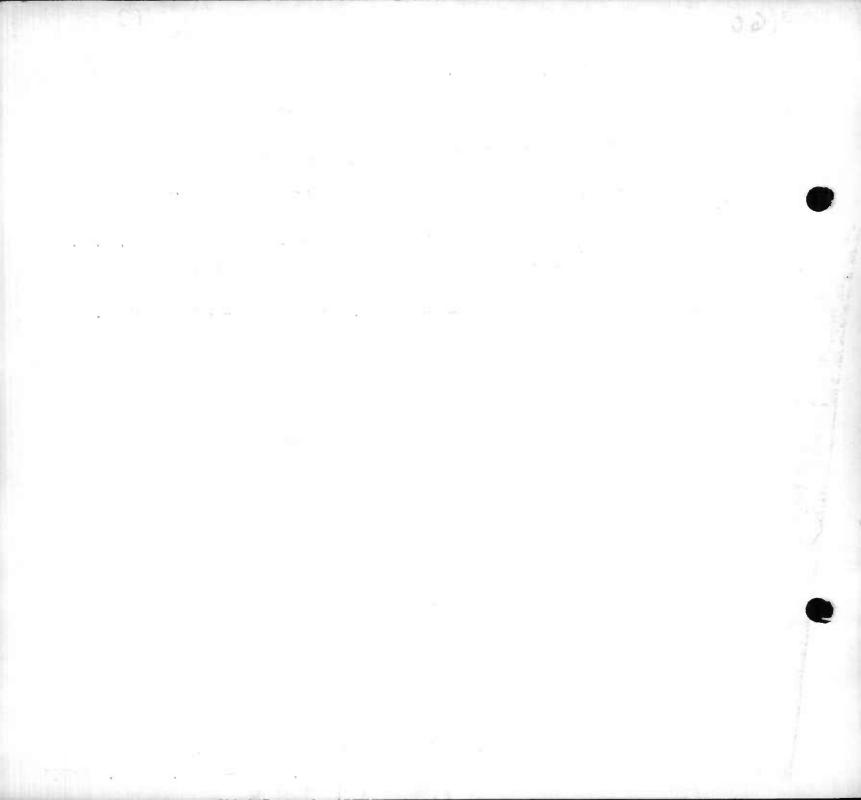
| | | CO | 4.0 | BALTIMORE CITY | HEALTH | DEPARTMENT | | | | |
|-------------|--|---|----------------------|--|-------------------------------|--------------------|-----------------------------------|-----------------|------------------------|--|
| RI | RTH NO. | 69 | 19 | 08 CERTIFICA | TE OF | DEATH | REG. NO | CO | 1000 | |
| 1. | NAME OF DECE | ASED | 4 4 5 | | | | D HOUR OF DEATH | 69 | 1908 | |
| (1) | rpe or Printl P | 10868 1/A | 2++8. | RSON | 9 | 2/1 | 9/69 | 1 | 1400 | |
| 3. | PLACE IN BALTI | MORE MARYLAND, W | HERE PRON | OUNCED DEAD | 4. USUAL | RESIDENCE (When | e déceosed lived. If in: | stilution; lesi | dence before admission | |
| FL | JLL NAME OF | (IF NOT IN HOSPIT | AL OR INST | TITUTION, GIVE STREET | MD | | | / | 15-12 | |
| IN | OSPITAL OR | ADDRESS OR LOCA | ATION) | • | C. CITY O | | D. INSI | DE CITY LIMI | пѕ? | |
| 1 | · · | 11 - | 1 / | | BA | Ltimor | 3 3 | YES 4 | NO 🗌 | |
| 1 | 01091 | Nospi. | ta/ | | | AND NUMBER | st ERStow. | . 6 | | |
| 5. | SEX 16 | RACE / | 7. 44 4 9915 | | 8. DATE O | | | | NOAD | |
| | E | N | WIDOWE | D NEVER MARRIED | | 14-94 | % AGE (In yours last birthday) | Months D | Yt. If Under 24 Hrs. | |
| 10/ | A. USUAL OCCUP | ATION (Give kind of work | | OF BUSINESS OR INDUSTRY | | | | IIO CITIZEN | 1 05 1/1/14 50 1/1/19 | |
| do | ne during most of wo | orking life, even if retired) | | | | | · | 1 | N OF WHAT COUNTRY | |
| 13. | Housewi FATHER'S NAM | | 1 | lome | | 2GINIA | | 0.3 | S.A. | |
| | | | | | | ER'S MAIDEN NAA | AE | | | |
| 16 | Ephrian (| | | | | iza ? | | | | |
| (Ye | s, no of unknown) | ver in U. S. Armed For If yes, give wor or dote | ces? s of service | 1 6. SOCIAL SECURITY NO. | 17. INFORM | | | | DDRESS | |
| | | | | 226-12-1532A | Miss | Wilda Pat | terson 3808 | 8 Reist | terstown Rd. | |
| | 18. 4/1 | 91 | | CAUSE OF DEAT | H | | | | APPROXIMATE INTERVAL | |
| | | OR CONDITION DIS | RECTLY | R | om. | , | - 1 - 0 | | THE THE STATE OF A IT | |
| | (This does not | mean the mode of | dving. e.c | | SE ///9 | OCARDI. | Al Infak | e-f- | | |
| | heart failure, as | sthenia, etc. Il means ication which caused | the diseas | DUE TO, OR AS | A CONSEQU | ENCE OF: | | | | |
| | | TECEDENT CAUSES | dedin | 1 | - 11 | | | | | |
| | | | | (B) 7/ - | CV | ν | ~~~~~~~~~ | | | |
| | DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) staling the | | | | | | | | | |
| | UNDERLYING | | | | | | | | | |
| z | | 11 | | | | | | | | |
| ATION | TO THE DEATH | ANT CONDITIONS COL BUT NOT RELATED TO TH | HE TERMINA | | | | | | | |
| | 19A. DATE OF O | NDITION GIVEN IN PAR | T I (A). | WHICH OPERATION | 120A. AII | TOPSY7 (Yes or No) | 208. IF YES, WERE F | INDINGS CO | DNSIDERED | |
| ERTIFIC | 0 | WAS PERF | ORMED | · ···································· | | 110 | IN CERTIFYING CAU | SES OF DE | ATH? | |
| CAL CE | 21A. ACCIDENT OR CONTRIBUTI DEATH Inatify m | WAS UNDERLYING NG CAUSE OF | 21 hc | B. PLACE OF INJURY (e.g., in time, farm, factory, street, af c.) | or obout 21 lice bldg., IN | C. WHERE DID | (if In Boltimore | City, give e | xocl locotion) | |
| | 21D. TIME (/ | Manth) (Doy) (Yearl | (Hour) 21 | E INJURY OCCURRED | 21 | F. HOW DID INJU | IRY OCCUR? | | | |
| ₹ | OF INJURY IAPPROX | | | /hile At Not While At Work | - | | | | | |
| | 22 1 | /1\ / -1 1 | | | | 13 | 76 | | | |
| | 22. I certify that (I) (this hospital) attended the deceased from 2/3 19 69 to 19 69 | | | | | | | | | |
| | | that (I) (we) last saw the deceased alive an 2/18 19 9 and that in(my) (aur) apinion death accurred on the date | | | | | | | | |
| | and have and from the causes stated abave. (1) (We) (did nat) view the body after death. | | | | | | | | | |
| | THE STONAL DE | 1/But 1 | 1/ | Da . D AHa | nding [=] | Med. | | 23B. DATE S | SIGNED | |
| | X/RICK | a streke | trum | DE GREE Phys | . 1 | | Shaff Phys. | 41 | 9/67 | |
| | NAME (Type | i In Dr | -11 | Ann | 3D. ADDRE | SS | . / / | | , | |
| 24. | (TERI | 9LU D.F | | an MD DEGREE | | 1914 | ospital. | | | |
| 24 <i>P</i> | REMOVAL (Spe | ATION, 248. DATE | | NAME of CEMETERY or CRE | | 24D. LO | | , town, or co | ountyl (State) | |
| | Burial | 2-22-69 | | rver Memorial | Park | La | urel, Maryl | and | | |
| 25A | DATE REC'D 8 | / | 258, NAME | OP REGISTRAR | | NERAL DIRECTOR | | 21 - | ADDRESS | |
| | 2.5 | 8 = 0 1969 (| Police | E. thelen | Herb | ert E. Nut | ter 3035 W | . Nort | h Ave. 21216 | |
| VS | 150-REV. 1/1/68 | | 7 | | 1 | | 1 | | | |



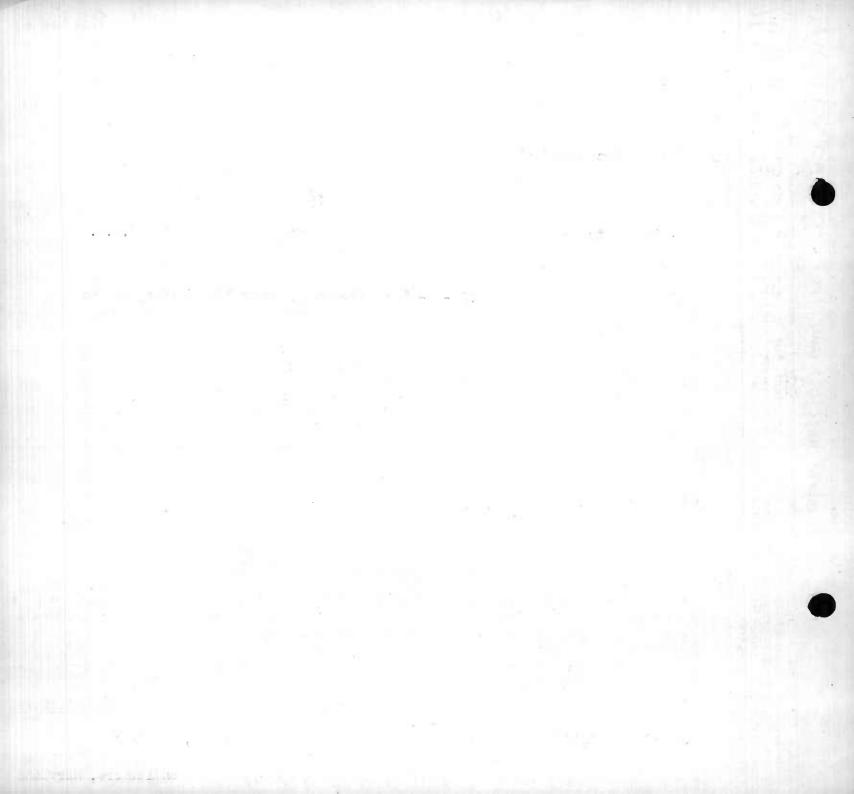
FUNERAL DIRECTOR: IMPORTANT

| BIRTH NO. | 69 | 1 1909 | FICATE OF DEATH Registered No. 69 1909 | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| M.E. CASE NO. 1. NAME OF DEC (Type or Print) | | L. CALDWELL Sr | 2. Date and hour of Death February 18, 1969 | | | | | | |
| FULL NAME HOSPITAL OR | | or institution, give street | A. STATE B. COUNTY Maryland C. CITY OR TOWN Ill outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 23 S. Castle Street | | | | | | |
| s. sex Male | 6. RACE White | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe | | | | | | | |
| | working life, even il retired) | Truck Driver | DUSTRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? | | | | | | |
| | ME rtin E. Caldw d Ever in U. S. Armed For | | 14. MOTHER'S MAIDEN NAME Mary E. Smith | | | | | | |
| No | n) Ilf yes, give war ar date | 16. SOCIAL SECURITY NO | | | | | | | |
| DISEASES mise In the UNDERLYIN OTHER SIGN TO THE DISEASE OR | mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave cause (A) G CONDITION lost, IIIICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING | any, giving sloting the (C)_ | Enchrol Mnowbosis 1966 | | | | | | |
| ER O | WAS PER | | IN CERTIFYING CAUSES OF DEATH? | | | | | | |
| OR CONTRIB | ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) | 21B. PLACE OF INJUR hame, farm, factory, s etc.) | RY le.g., in ar about 21C. WHERE DID street, affice bldg., INJURY OCCUR? | | | | | | |
| 21D. TIME OF INJURY IAPPROX.) | (Manth) (Day) (Year) | While At - N | RED 21F. HOW DID INJURY OCCUR? | | | | | | |
| that (1) we | 22. Leartify that (1) (this hospital) attended the deceased from 19 to 15 69 19 that (1) (we) last saw the deceased alive an 19 and that (n(my) (aur) apinian death accurred an the and hour and from the causes stated above (1) (We) (dd) (did nat) view the bady after death. | | | | | | | | |
| 23C. PHTSICIANAME (| offere V | thegruh 18 | Attending Med. Staff Director Phys. 23B. DATE SIGNED 2-19-69 23D. ADDRESS M.D. 49 G Charles Confidence of the confiden | | | | | | |
| Burial CRI Burial | | 24C. NAME of CEMETERY 269 Oak Lawn 25B. NAME OF REGISTRAR | Paltimore County, Maryland 25C. FUNERAL DIRECTOR ADDRESS ADDRESS | | | | | | |
| /S 150-REV. 1/17 | EB 20 1969 (| C. 6 2. 3. 10. | Lilly & Zeiler Inc. 1901-07 Eastern Ave | | | | | | |

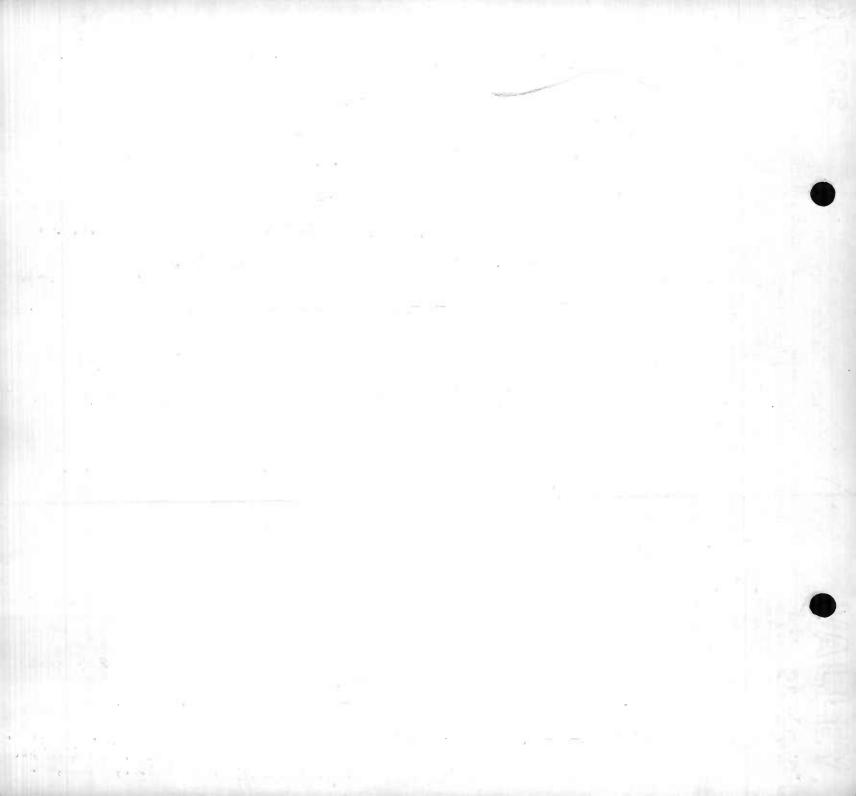
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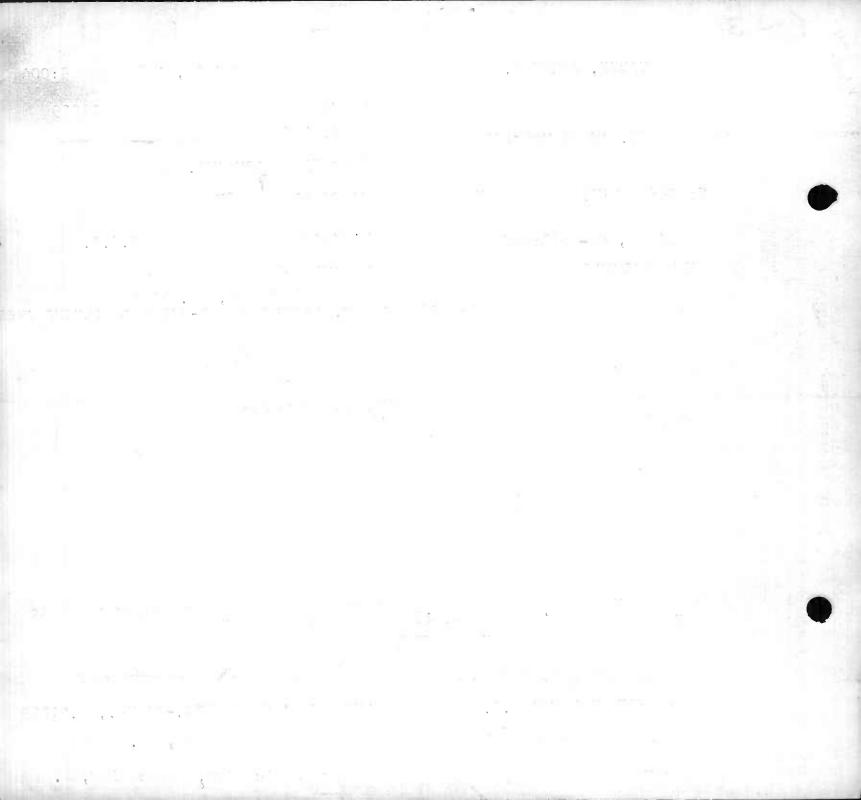
| D = 1 | BALTIMORE CITY HEALTH DEPARTMENT |
|--|---|
| D-0-0 | BIRTH NO. 69 1911 CERTIFICATE OF DEATH REG. NO. 69 1911 |
| pitol and of death Deceased to the arh. Such | (Type or Print) LO HW RUEMER 2. DATE AND HOUR OF DEATH 19 Feb 1969 9:30 Am. |
| - Dof | 3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED OFAD 4. USUAL RESIDENCE (Where deceased lived. If institution: rosidence before admission) A. STATE 8. COUNTY |
| hos Use (5) | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALTIMORE 6-05 C. CITY OR TOWN D. INSIDE CITY LIMITS? SALTIMOR YES NO |
| ed in a ting ca d cause; r attenc prior to | 37 Mercy Hospital E. STREET AND NUMBER 107 Central true |
| tribu mine gula sed | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 6-44-86 9. AGE (In yeors lost birthday) Months: Doys Hours Min. |
| 0 0 - 0 - | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| or condition or co | Retired Butcher Hungry U.S.A. |
| T if death irect or c (4) Undet was in the decisions is position | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna? |
| ORTAN assistant if the di ny kind; ed death dance on | 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL 213-03-9384 Joseph P Roemer 3045 Huntingdon Ave |
| d d d | 18. / / 2 / / APPROXIMATE INTERVAL |
| or his as Also, if e of any nounced attenda | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (MRD) AC ARREST DUE TO, OR AS A CONSEQUENCE OF: |
| OR: ner. actur pror mbai | near foliure, ostnema, etc. If meons the disease, injury ar camplication which coused death.) |
| Xan Xan A f Who | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: |
| DIRI ical e al ey al ey cian cian as in | underlying condition lost. (c) ASCVD |
| ef medical medical medical dy burns; (3 p physician cian was in | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| S S S S S S S S S S S S S S S S S S S | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID (If in Bultimore City, give exact location) |
| FU yy the iital by re; (2) vhere No ph | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? |
| ed by nospi ature (6) r | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At No. 1 While No. 2 While No. |
| he h hy ng xcep | 22. I certify that (1) (this haspital) attended the deceased from 1 1969 to 19 Tub 1969, |
| 4 6 6 6 6 | 22. I certify that (1) (this haspital) attended the deceased from V 1901, to 19 10 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| 0 - 0 0 | and haur and fram the causes stated above. ((We) (did) (did not) view the body after death. |
| ust be eased dent lospit deat | 23A. SIGNATURE |
| | Hele & Saker M. Decree Phys. Director Director 19 Feb 1968 |
| 0 - 0 - 0 > | 23C. PHYSICIAN'S NAME (Type) BAKER 23D. ADDRESS Weren Hospital Butturing Ma |
| certificat sody was rs: (1) An D.O.A. at ased pric | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 27D. LOCATION (City, town, or county) (Stote) |
| certi cody s: (1 D.O. asec | Burial 2/22/69 Holy Redeemer Baltimore, Maryland |
| This certif the body shows: (1) was D.O.A deceased written ap | 25A. DATE REC'D AY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS |
| ₹ \$ 3 b 3 | O B D Maryland |
| | VS 150-REV. 1/1/68 |



| | AME OF DEC | CLARK | B, | CATHEY | 2. DATE A | NO HOUR OF DEATH | 1 10 35 | | |
|---------------------|--|--|--|--|--|---|---|--|--|
| 3. F | LACE IN BAL | TIMORE MARYLAND, V | VHERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before odm A. STATE 8. COUNTY | | | | |
| HO | LL NAME OF | (IF NOT IN HOSPIT ADDRESS OR LOC | AL OR INSTIT | TUTION, GIVE STREET | MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE E. STREET AND NUMBER 1 S. LINWOOD AVENUE 21224 | | | | |
| IN 2 | | LTIMORE CITY | | ALS | | | | | |
| - |) / | 40 EASTERN A | | 0-004 | | | | | |
| - |) BA | LTIMORE, MAR | YLAND | 21224 | | | | | |
| 5. S | EX | 6. RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | If Under 1 Yr. If Und Manths: Doys Haurs | | |
| M | ALE | WHITE | WIDOWED | DIVORCED [| 5-27-12 | 56 | | | |
| | | UPATION (Give kind of wor working life, even if retired) | 108, KIND OI | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole of fac | reign cauntry) | 12. CITIZEN OF WHAT | | |
| done | Guar | | Pinker | ton Det. Agny | Millville | , Arkansas | U.S.A. | | |
| 13. [| FATHER'S NA | • | ~ 224504 | 200 200 2001 | 14. MOTHER'S MAIDEN NA | | | | |
| | Sam | Samu | el T. | Cathey | Pe | arl Mellard | | | |
| 15. \ | Was Deceased | Ever in U. S. Armed Fo | rces? | 16. SOCIAL | 17. INFORMANT | | ADDRESS | | |
| (Yes | Yes | 1942 - 19 | | SECURITY NO. | DEGODD 5 DOLL 11 | | | | |
| | 18. / / A | 1742 - 1 | 70) | 432-03-5396 CAUSE OF DEATH | | 940 EASTERN A | AVENUE, BALTIMO | | |
| | heart foilure, injury or com DISEASES Crise to the | not mean the mode of osthenio, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. | the discose, death.) | (B) N T R | A CONSEQUENCE OF: A CONSEQUENCE OF: | | | | |
| NOI | DISEASES Crise to the UNDERLYING | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. | the disease, death,) ony, giving stating the | (B) ATR DUE TO, OR AS (C) AS (C) HYPERGA | A CEREBRAL A A CONSEQUENCE OF: (V) (V) (YCE MIN (2) KETO A | HEMORRHAG VEIDOSIS | | | |
| ATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. FIGANT CONDITIONS COUNTY CONDITION GIVEN IN PACTOR OF STATION 1798. COPERATION 1798. COPERATION 1798. | ony, giving stoling the ONTRIBUTING (HE TERMINAL RT 1 (A). | (B) ANT P. DUE TO, OR AS (C) AS (WHYPERGA (3) COUMA | A CEREBRAL A A CONSEQUENCE OF: (V) LYCEMIN (2) KETO A P.IN THERAPY 20 A. AUTOPSY? (Yes or h | HEMORRYME 82100513 | 96- 1 Det y YENRS (5) 1400 C | | |
| ERTIFICATI | DISEASES OF COMMENTS OF THE RESIGNIF TO THE DEAT DISEASE OF COMMENTS OF COMME | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. IL CONDITION CONTROL TO THE BUT NOT RELATED TO TO THE BUT NOT RELATED TO TO TO THE BUT NOT RELATED TO TO TO THE BUT NOT RELATED TO THE BUT NO | ony, giving stoling the DNTRIBUTING HE TERMINAL RT 1 (A). | (B) ATR DUE TO, OR AS (C) AS (C) HYPERGO (3) COMA WHICH OPERATION | A CEREBRIL A CONSEQUENCE OF: (V) (V) (V) (V) (V) (V) (V) (V | TO 208. IF YES, WERE FIN CERTIFYING CAL | JEILES O DETY STORY THOMAS CONSIDERED USES OF DEATH? | | |
| CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBLE | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. FIGANT CONDITIONS COUNTY CONDITION GIVEN IN PACTOR OF STATION 1798. COPERATION 1798. COPERATION 1798. | ony, giving stoling the DNTRIBUTING HE TERMINAL RT 1 (A). | (B) N T R DUE TO, OR AS (C) AS C (D) HY MERGA (3) COUMA WHICH OPERATION B. PLACE OF INJURY (e.g., in the control of the c | A CEREBRAL A A CONSEQUENCE OF: (V) LYCEMIN (2) KETO A P.IN THERAPY 20 A. AUTOPSY? (Yes or h | TO 208. IF YES, WERE FIN CERTIFYING CAL | 96- 1 Det y YENRS (5) 1400 C | | |
| DICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBLE | osthenio, etc. It means naplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION S COUSE (A) TO NOT RELATED TO NOTITION GIVEN IN PARTIES OPERATION 198. CON WAS PER | ony, giving stoling the ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR FORMED | (B) NTR DUE TO, OR AS (C) AS (C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., in the content of the conten | A CONSEQUENCE OF: (V) (V) (V) (V) (V) (V) (V) (V | 208, IF YES, WERE FIN CERTIFYING CAL | JEILES O DETY STORY THOMAS CONSIDERED USES OF DEATH? | | |
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| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT TO THE DEAT TO THE DEAT OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITIONS COUST OF CONDITION GIVEN IN PARTY OPERATION 1988. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medical examined (Manth) (Doy) (Year) | ony, giving stoling the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR FORMED | (B) NTR DUE 10, OR AS (C) AS ((C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., in the content of the cont | A CONSEQUENCE OF: (V) (V) (V) (V) (V) (V) (V) (V | 208. IF YES, WERE FIN CERTIFYING CAL | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) | | |
| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTABLE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. I CANT CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION GIVEN IN PARTICLE (A) TO THE COUSE (A) TO THE COUSE (A) T | ony, giving stoling the Stolin | (B) NTR DUE TO, OR AS (C) AS (C) HYPERGO (3) COOMA WHICH OPERATION B. PLACE OF INJURY (e.g., interpretation of the colory, street, of the colory) E. INJURY OCCURED hile At Work The deceased from FEB. 17 | A CONSEQUENCE OF: (V) (YCE MIN (2) KETON NO n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? | JURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) | | |
| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTABLE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) | osthenio, etc. It means a plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. I CANT CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR COUSE OF MEDICAL CAUSE OF MEDIC | ony, giving stoling the Stolin | (B) NTR DUE TO, OR AS (C) AS (C) HYPERGO (3) COOMA WHICH OPERATION B. PLACE OF INJURY (e.g., interpretation of the colory, street, of the colory) E. INJURY OCCURED hile At Work The deceased from FEB. 17 | A CEREBRIL A CONSEQUENCE OF: (V) (YCE MIN (2) KETO N IN THE RAPY 20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID find bldg., INJURY OCCUR? 21F. HOW DID IN E 19 69 and to | JURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) | | |
| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTABLE OF CONTRIBLE DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and | osthenio, etc. It means a plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. I CANT CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN PAIR COUSE OF MEDICAL CAUSE OF MEDIC | ony, giving stoling the Stolin | (B) NTR DUE TO, OR AS (C) AS (C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., interpretation of the colory, street, of the colory) E. INJURY OCCURRED hile A1 Work the deceased fram FEB. 17 (I) (We) (did) (did nat) v Atheres Ather | A CONSEQUENCE OF: (V) (V) (V) (V) (V) (V) (V) (V | US 208, IF YES, WERE FIN CERTIFYING CALL (If In Baltimare) (IJURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) | | |
| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTTAINS DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. ILLICANT CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN TWAS PER (Manth) (Doy) (Year) That (I) (this haspital last saw the deceased from the causes statistics.) | ony, giving stoling the Stolin | (B) NTR DUE 10, OR AS (C) AS (C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., it me, form, foctory, street, of the property of the deceased from the deceased | A CONSEQUENCE OF: (V) (V) (V) (V) (V) (V) (V) (V | JURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) | | |
| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTTAINS DEATH (notify 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. ILLICANT CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION S COUSE (A) G CONDITION GIVEN IN PAIR OPERATION 198. CONDITION GIVEN IN TWAS PER (Manth) (Doy) (Year) That (I) (this haspital last saw the deceased from the causes statistics.) | ony, giving stoling the only, giving stoling the only sto | (B) NTR DUE 10, OR AS (C) AS (C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., in the content of the content | A CEREBRIL A CONSEQUENCE OF: (V) (Y) E MIN (2) KETON (NO) 120 A. AUTOPSY? (Yes or NO) 121 C. WHERE DID (Fine bidg., INJURY OCCUR? 19 69 and to (riew the bady after death | UURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) 23B. DATE SIGNED | | |
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| MEDICAL CERTIFICATI | DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR COTABLE OF CONTRIBLE DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last. FICANT CONDITION S CONTINUE OF CONDITION GIVEN IN PARTICIPATION GIVEN IN PARTICIPATION (Doy) (Year) That (I) (this haspital last saw the deceased from the causes stated in the cause stated in the | ony, giving stoling the only giving stoling to the only giving stoling the only giving stoling the only giving stoling | (B) NTR DUE TO, OR AS (C) AS (C) HYPERGA (3) COUMD WHICH OPERATION B. PLACE OF INJURY (e.g., in the content of the content | A CONSEQUENCE OF: (V) (YCE MIN (2) KETON 20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN 19 69 and to riew the bady after death riew the bady after death 23D. ADDRESS BCH-4940 EASTEI | 208, IF YES, WERE FIN CERTIFYING CAL (If In Baltimare IJURY OCCUR? 19 69 ta Chat in (my) (aur) apin Shoff Phys. RN AVENUE, BA | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) 23B. DATE SIGNED 27 6 9 ALTIMORE, MD ity, lown, or county) | | |



BALTIMORE CITY HEALTH DEPARTMENT



| | C. 31- | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 1011 | | | |
|----------|---|---------------------------------|--|------------------------------------|---------------------------------------|--|--|--|
| DIE | 5-315 69 1 | 1914 CERTIFICA | TE OF DEATH | REG. NO. | 69 1914 | | | |
| 1.1 | NAME OF DECEASED | | 2. DATE AN | ND HOUR OF DEATH | | | | |
| (Ту | pe or Print) WILLIVE 1. | STEPHEN | 5 20 | 5/20 | 3 a | | | |
| 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRO | | 4. USUAL RESIDENCE (Whe | re deceased lived, if in | stitution: residence before admission | | | |
| FI | ILL NAME OF (IF NOT IN HOSPITAL OR IN | STITLINGN CIVE STREET | MARYLAND | | 27-3: | | | |
| H | ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION | STITOTION, GIVE STREET | C. CITY OR TOWN | D. INSI | DE CITY LIMITS? | | | |
| 1 | 31 PANTS CITY HOS | PITALS | BALTIMO | DRE | YES 🛛 NO 🗌 | | | |
| 1 | 1940 EASTERN AVENUE | 11.402. | E. STREET AND NUMBER | | | | | |
| | BALTIMORE, MARYLAND 2123 | 21. | 2401 MONTEBELLO TOURALE | | | | | |
| S. | SEX 6. RACE 7. MARS | RIED NEVER MARRIED | | 9. AGE (In years lost birthday) | Months Doys Hours Min. | | | |
| | 7 22 22 23 23 24 20 2 | WED DIVORCED | 2/7/80 | 89 | | | | |
| | N. USUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | | ign country) | 12. CITIZEN OF WHAT COUNTR | | | |
| | Porton W. | m, Λ, Λ | VIRGINIA | | USA | | | |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | | | | |
| | DAN'D | | · SOPHI | A MADD | EN | | | |
| 15. | Was Deceased Ever in U. S. Armed Forces? | 16. SOCIAL | 17. INFORMANT | | ADDRESS | | | |
| (Te | s,ng or unknown) (If yes, give wor or dotes of serv | SECURITY NO. | O DOG OF THE OF THE | | 21224 | | | |
| _ | 118. | CAUSE OF DEAT | A DATE OF THE PARTY OF THE PART | 1940 EASTERN | AVE. BALTO MD. | | | |
| | DISEASE OR CONDITION DIRECTLY | | | | BETWEEN ONSET AND DEAT | | | |
| | LEADING TO DEATH | (A) IMMEDIATE CAL | SEPSIS | | 6 days. | | | |
| | (This does not mean the mode of dying, heart foilure, osthenia, etc. It means the dise | e.g., DUE TO, OR AS | A CONSEQUENCE OF: | | | | | |
| | injury or complication which coused deoth.) | .036, | | | | | | |
| | ANTECEDENT CAUSES | (0) | PNEUMO | NIA | 14 days. | | | |
| | DISEASES OR CONDITIONS, if ony, gi | ****** | A CONSEQUENCE OF: | | | | | |
| | rise to the above couse (A) stoling UNDERLYING CONDITION last. | (c) | | | | | | |
| | 11 | 10/ | | | | | | |
| NO | OTHER SIGNIFICANT CONDITIONS CONTRIBUTI | NG PERT | SRUL VAS. D. | "CFOSE | 9 400 | | | |
| ATIC | TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A). | NAL COLEZ | | | E xras. | | | |
| | 19A. DATE OF OPERATION 198. CONDITION F | OR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | O) 208. IF YES, WERE P | FINDINGS CONSIDERED | | | |
| CERTIFIC | 2 | | YES | - | LIA | | | |
| | 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., i | fice bldg., INJURY OCCUR? | (If In Boltimore | e City, give exoct locotion) | | | |
| CAL | DEATH (notify medical examiner) | etc.) | | | | | | |
| MEDI | 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | | | | |
| 2 | (APPROX.) | While At Work Not While At Work | • | | | | | |
| | 22. I certify that (I) (this haspital) ottend | ed the deceased from | has the Orthi | 19 68 10 | 11/20 1965 | | | |
| | that (1) (we) last sow the deceased alive | 2.0110 | | | nion deoth occurred on the do | | | |
| | ond hour and from the couses stated above | | 9-7- | | men deem deedited on the de | | | |
| | 23A. SIGNATURE | d. (1) (110) (did) (did 1101) V | Tew The Body differ death. | | 238, DATE SIGNED | | | |
| | GRACIELA S. A | | nding Med. | Staff X | mol 12 2/16 | | | |
| | 23C. PHYSICIAN'S | DEGREE Phy | | Phys. A XVIII | DATES NO 07001 | | | |
| | NAME (Type) | ALARC ON | 4960 EA | STERN AVE | 773 2727A | | | |
| 244 | A. BURIAL CREMATION, 24B. DATE 24 | C. NAME OF CEMETERY OF CRI | MATORY | OCATION (C) | 1/ 1/03/1/11 | | | |
| 2 47 | REDIOVAL (Specify) | O + b | 21 | OGATION (Cit | ty, town, or county) (Stote) | | | |
| 00 | 10mm 2 2-27-67 | mouns m | in lary W | ruis is | acco. They | | | |
| 25/ | A. DATE REC'D WHEALTH DET 369 255 NA | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | 7.)1/100 | 1913 /11 Rut | | | |
| | 128 | 3 9 9 | Jugary 1 | MUSEN | 1/190,000 | | | |
| VS | 1S0-REV. 1/1/68 | | 4 6 | | | | | |





A.C. (1

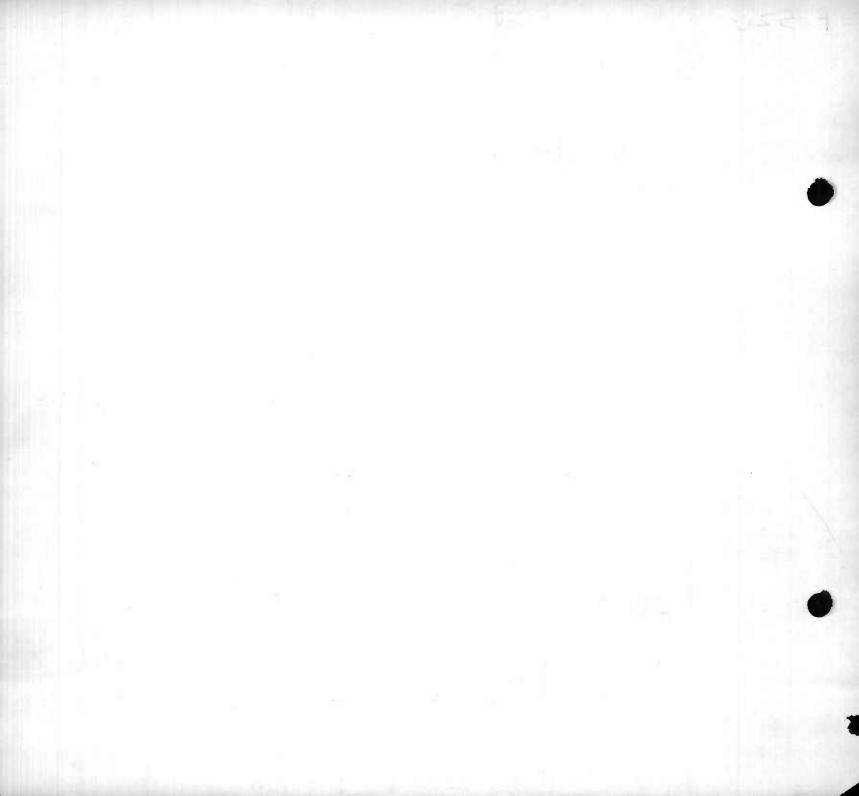
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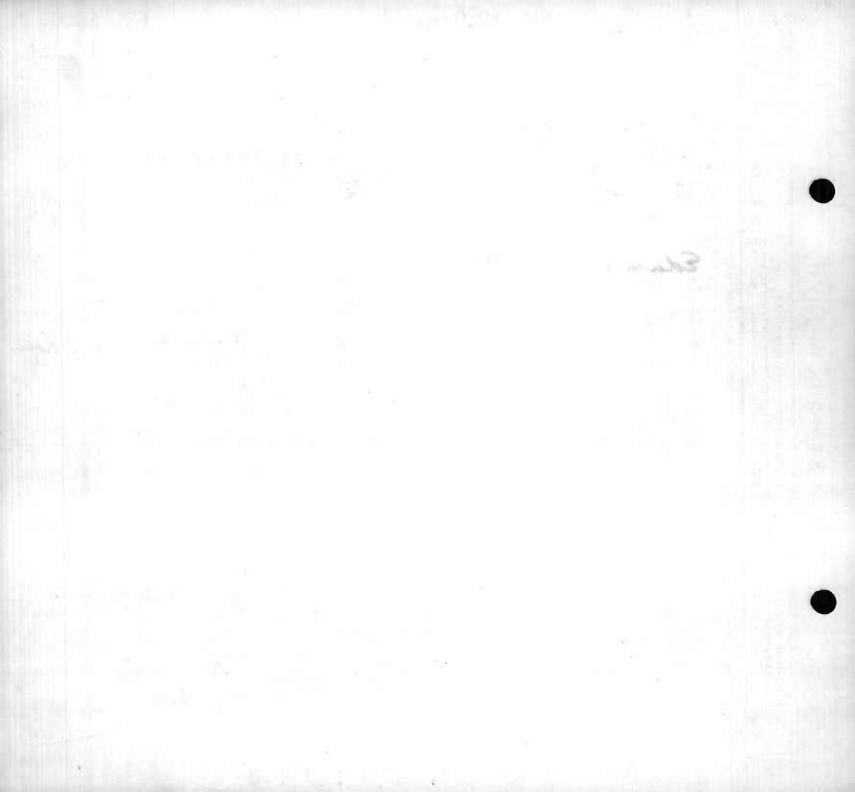
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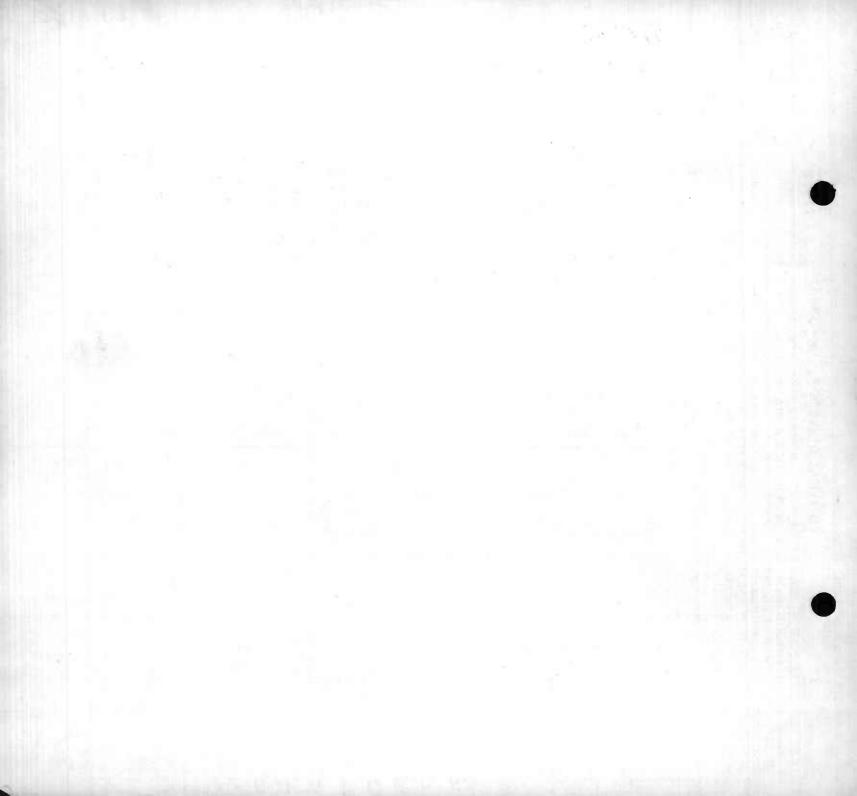


| EESJ | | 69 1918 BALTIMORE CITY HEALTH DEPARTMENT | 60 4040 |
|---|-----------------|--|---|
| 7-520 | | CERTIFICATE OF DEATH | reg. No. 69 1918 |
| il and death eased in the Such | 1. | | ND HOUR OF DEATH |
| de de con | (T) | ype or Print) Hnna Fink Feb | ruary 7, 1969 112:45 A.M. |
| sspital e of dd)) Dece nce on eath. | 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wh A, STATE B, COU | ere decedsed fived. Il institution: residence before admission) |
| 5 0 0 | FU | ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MAZYL | AND 27-16 |
| | H | OSPITAL OR ADDRESS OR LOCATION) 4. C. CITY OR TOWN • C. CITY OR TOWN | D. INSIDE CITY LIMITS? |
| | 47 | BALTIMO | ZE YES - NO - |
| ting d cau | 194 | Sinai Hospital of Baltimore, Inc. 4613 Paz | K NEIGHTS AVE |
| - 200 | | | |
| trik min gul | 5. 5. | SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 12 18 87 | 9. AGE (In years lost birthdoy) 80 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 00 - 0 | - 10. | A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for one during most of working life, even if retired) | eign country) 12. CITIZEN OF WHAT COUNTRY? |
| t de vas | uoitisodsi b | FATHER'S NAME | ME |
| Fig. 4 | isp | | |
| A popular | B KY | . Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT | ADDRESS |
| ass if t iny hy dan | or fin | 18. Z CAUSE OF DEATH | APPROXIMATE INTERVAL |
| R: IMPO ner or his a er. Also, if cture of any pronounced lar attenda | 9 | DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEATH |
| Als Als | E | (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Spiration of the state of th | on Shours |
| A: | balr | heart tailure, asthema, etc. It means the disease, | |
| OR: iner. actu | E | ANTECEDENT CAUSES | 1 3 6 |
| Xam gamin A fr | 0 | DISEASES OR CONDITIONS, if any, giving (B) | obstruction Daays |
| DIRECTOR: cal examiner. s; (3) A fractuction who procus in regular | a | lise to the abave cause (A) stating the | |
| O o o o o o o o o o o o o o o o o o o o | suil | UNDERLYING CONDITION lost. (C) | |
| W Sirah | E | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| RA me me bu bu bu an | rem | (DISEASE OR CONDITION GIVEN IN PART 1 (A). | cinoma old |
| FUNER to chief r by a m 2) Body e the p | re the | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or New Yest) | lo) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| D of the thy | | 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID | (If In Bottimore City, give exact location) |
| - == 0 | befo | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? | |
| W 3 3 | Pa G | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID IN | JURY OCCUR? |
| proved the hos ny nat except and (6 | ği. | (APPROX.) While At Work At Work | |
| prov ny n ny n and | <u>ā</u> | 22. I certify that #4 (this haspital) attended the deceased fram February 8, | 1969 to February 9 , 1969. |
| 0000. | 0 | that ((we) last sow the deceased alive on February 9, 1967 and t | that in (mgs) (aur) apinion death accurred an the date |
| t be a sed to ent of spital eath) | st b | and hour and fram the causes stated above. (1) (10) (did) (did not) view the bady after death | |
| iust be a leased to ident of hospital | must | 23A, 51GNATURE | 23B, DATE SIGNED |
| E 8 0 = + | - | Bary Leen, M.D acares Attending Med. Director | Shoff Phys. 2/9/69 |
| 0 - 0 | 10 | 23C. PHYSICIAN'S NAME (Type) | . 1 |
| | No. 1 24 | Barry Green, M.D. GEGREE DISTANTE | IMPATED at Battynagen Inc. |
| £ = 00 0 | 5 24 | REMOVAL (Specify) | COCATION (City, town, or county) (Stote) |
| | 25 25 | d-17-69 UNIVERSITY | MEDICAL SCHOOL |
| This the show | 25 | A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO | |
| □ + N > □ | 1 | EEB 24 1969 O. C. S. E. Farkura MORTHAI | RY SERVICE RCHD |









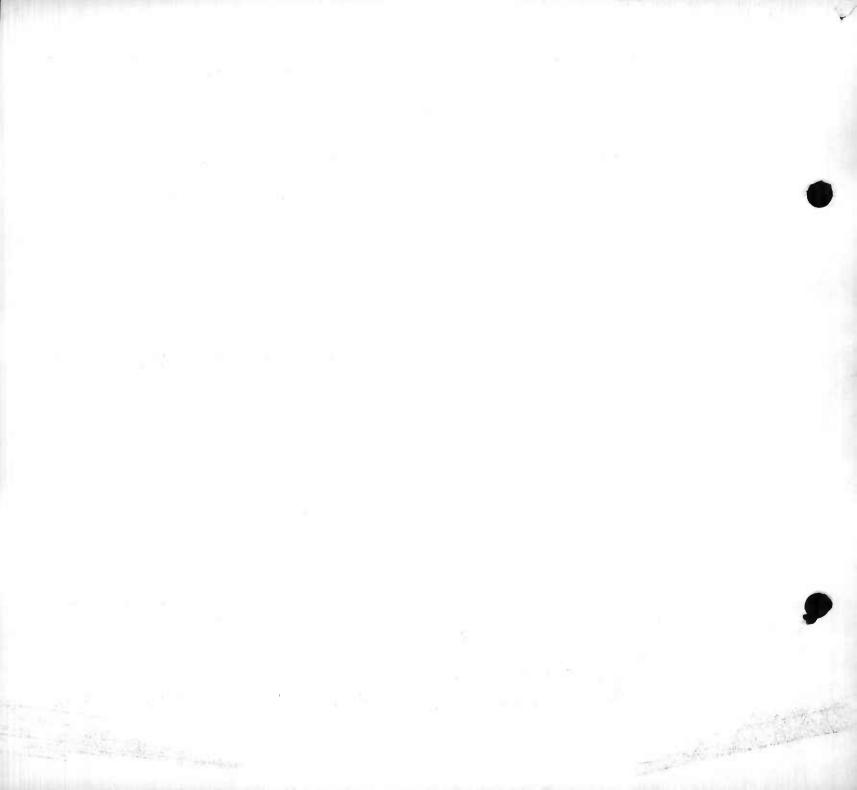
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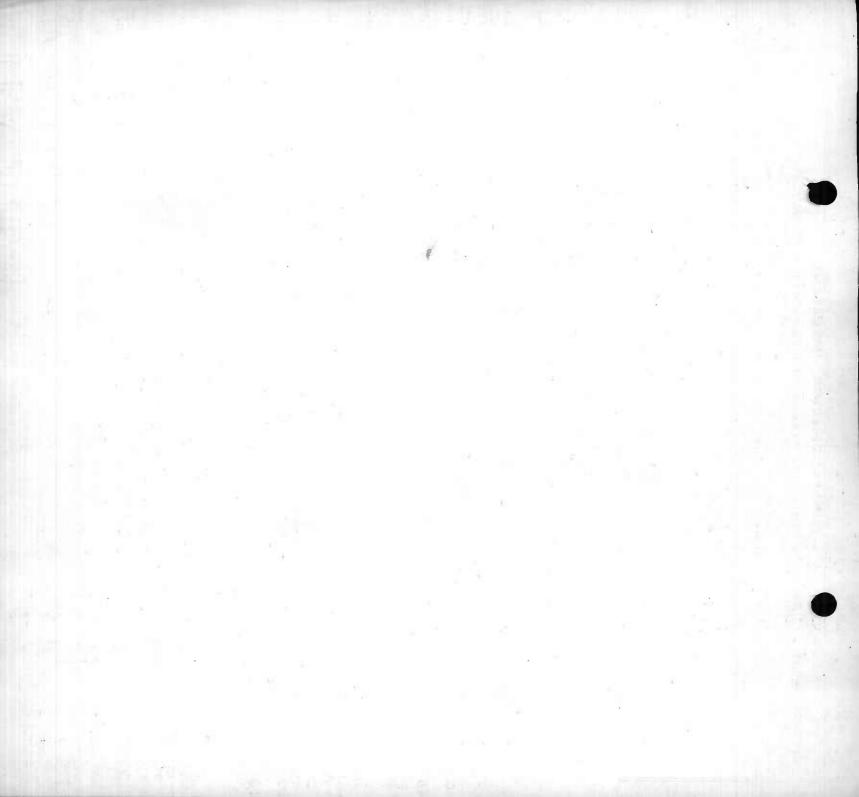
DIRECTOR:

FUNERAL

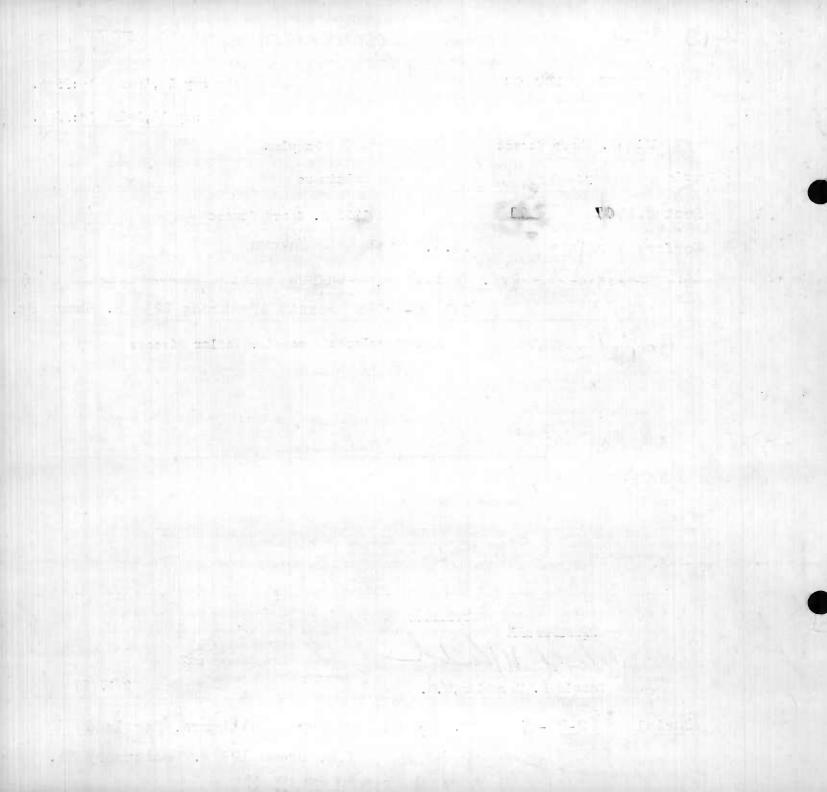
prov



- mindre grant eggs



| | TY HEALTH DEPARTMENT 69 1925 |
|---|---|
| 69 1925 MEDICAL EXAMINER | O'S CEDTIFICATE OF DEATH |
| BIRTH NO. | TO CERTIFICATE OF DEATH REG. NO. |
| 1. NAME OF DECEASED | 2. DATE Known Month Day Yeor Hour |
| (Type or Print) BESSIE ARMSTRONG | OF DEATH Estimoted February 16,1969 10:55 A.M. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Yeor Hour |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION | February 16,1969 10:55 A.M. |
| 1238 S. Sharp Street | 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY |
| 6. SEX 7. RACE 8. MARRIED X NEVER MARRI | ED C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Female Negro WIDOWED DIVORC | Raltimore - |
| 9. DATE OF BIRTH 10. AGE (In year If Under 1 Yr, If Under | 24 Hrs. E. STREET AND NUMBER |
| Sept 8.1907 lost birthdoy) 61 Months Doys Hours | Min. 1238 S. Sharp Street |
| 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| Norfork Virginia WHATCOUNTRYS | |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IN | |
| done during most of working life, even if retired) Domestic Pvt. Family | Unkown |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL | 18. INFORMANT ADDRESS |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL 2111-30 | 9403a Rossie Armstrong 1238 S. Sharp S |
| | OF DEATH APPROXIMATE INTERVAL |
| forthe 1 and a feet | riosclerotic cardiovascular disease |
| DISEASE OR CONDITION DIRECTER | lloscierotic cardiovascular disease |
| LEADING TO DEATH (A)IMME | DIATE CAUSE |
| (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which coused death.) | TO, OR AS A CONSEQUENCE OF: |
| injury or complication which coused death.) | |
| ANTECEDENT CAUSES (B) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE | TO, OR AS A CONSEQUENCE OF: |
| I I INDERIVING CONDITION LAST | |
| | 93 7 7 7 7 7 7 7 9 7 9 7 9 7 9 7 9 9 9 9 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION | |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI | ON WAS PERFORMED 21. AUTOPSY? (Yes or No) |
| | no |
| | RY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exact location) set, office bldg., etc.) INJURY OCCUR? |
| 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCL | JRRED 22F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) WHILE AT | NOT WHILE C |
| 23. | AT WORK |
| I certify that I held on Inquiry Inspection X | Autopsy and that an this basis, death In my apinion |
| resulted from: Natural causes XX Accident | Suicide Homicide Undetermined manner |
| resolved from: National cassessary | CHIEF MEDICAL EXAMINER |
| ACTUAL / / / / / / / / | ASSISTANT MEDICAL EXAMINER XXX |
| SIGNATURE MAN MILLER | M.D. |
| EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. | ASSOCIATE MEDICAL EXAMINER 2/17/69 |
| | METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| REMOVAL (Specify) | |
| Burial 2-20-69 Mt. Aub | urn Cemetery Baltimore, Maryland |
| 25A. DATE REC'D. BY HEALTH DEPT. 9 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| Taylor | I.L. Brown 123 W. Montgumery St. |

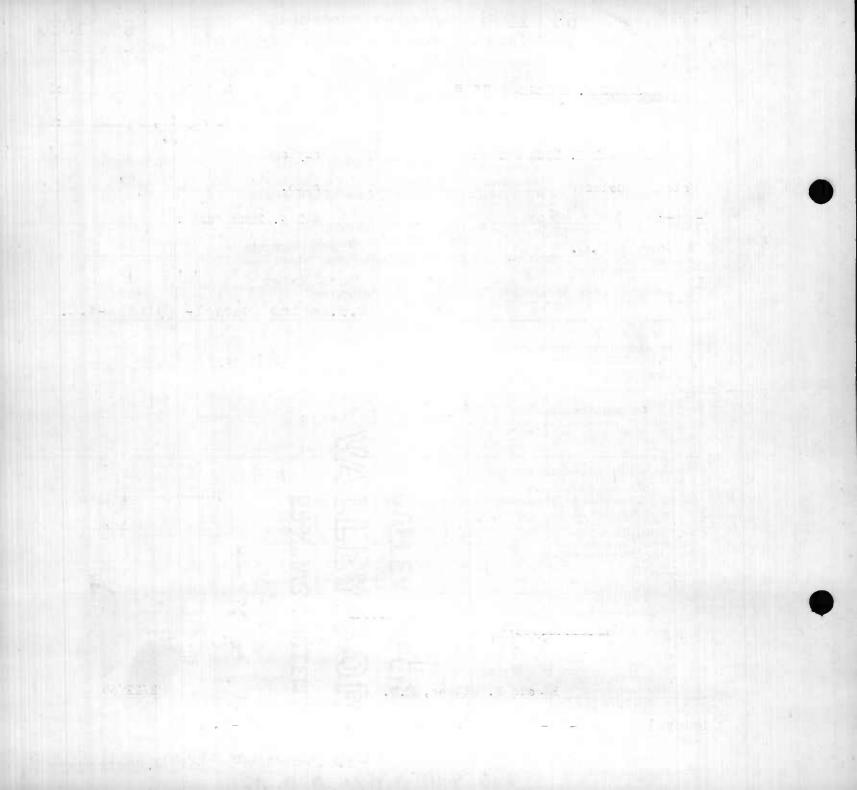


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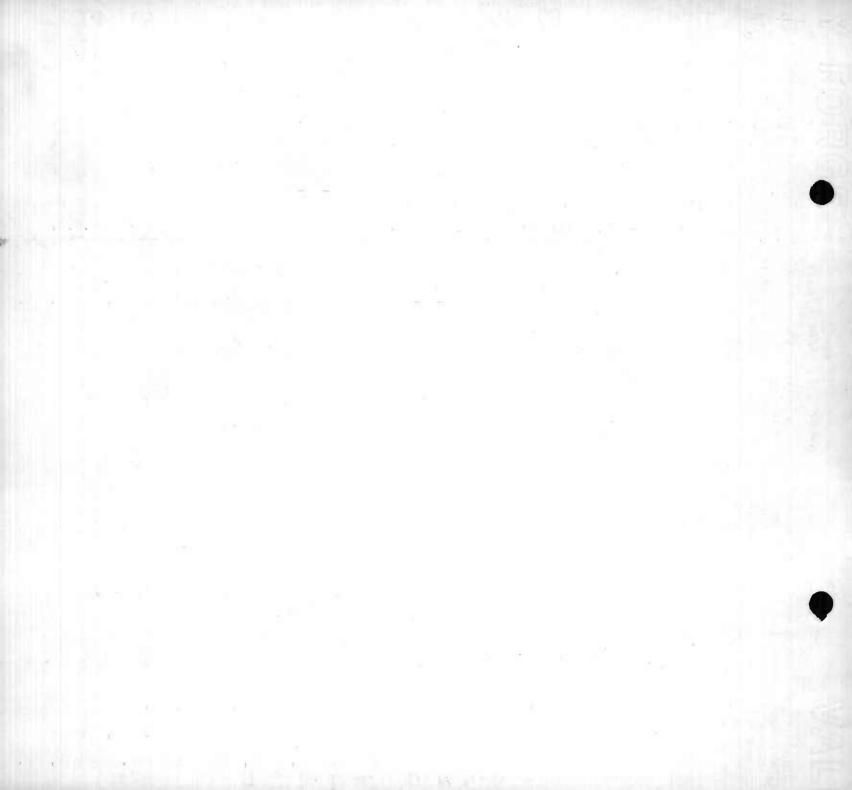
69 1926 BALTIMORE CITY HEALTH DEPARTMENT

| 69 | 1926 |
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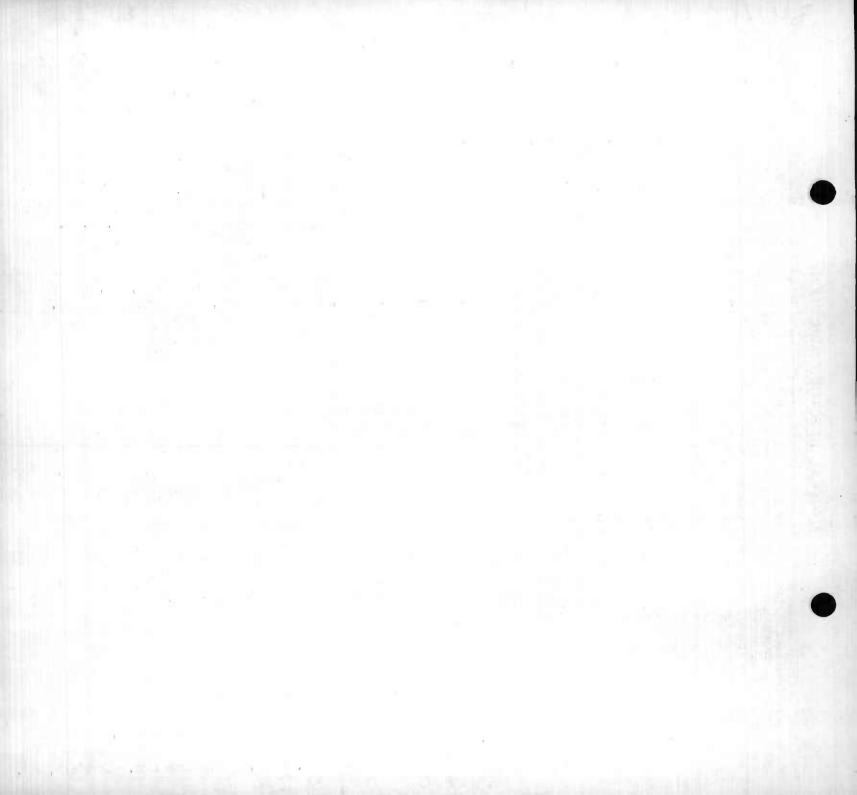
| | MEL | ICAL E | XAMINER 2 | LEKTIFI | CATE OF | DEAT | REG. NO. | | 733 4 4 4 |
|--|---|-----------------------|---|-------------|--|-----------------|-------------------|---------------|--------------------|
| BIRTH NO. | 4.5 | • | · | | | | | | |
| 1. NAME OF DECEASED (Type or Print) | | | 2. DATE OF | Known St | Month | Doy | Yeor | Hour | |
| JA | MES M. BURE | SE Bur | rus | DEATH | Estimoted | 2 | 21 | 69 | 11:50 p. |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | | 3. DATE | JNCED DEAD | Month | Doy | Yeor | Hour | | |
| FULL NAME OF* HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | | ION, GIVE SIREEI | | ESIDENCE (Where | Februa | | 1969 | 11:50 p |
| 00 | | | | A. STATE | | | B. COUNTY | 17 | -14 |
| 6. SEX 7. | 412 E. 20t | h Stree | | C CITY OR | Maryland TOWN | | D. INSIDE CI | TY LIMITS? | |
| | | | NEVER MARRIED | | | | | | |
| Male 9. DATE OF BIRTH | Colored NO. AGE (| WIDOWED | | E CIDELL | Balto. | | YI | ES L N | 10 🗆 |
| 2_24_24 | lost birthdo | y) Mo | Inder 1 Yr. If Under 24 Hrs. oths: Days: Hours: Min. | E. SIKEEL | 412 E. 20 |)+h C++ | anot. | | |
| 11. BIRTHPLACE (Stote | | | CITIZEN OF | 13. FATHER | S NAME | TIT PLI | eer | | - |
| Too County | W M C | | WHAT COUNTRY? | From | ak Burru | c | | | |
| Lee County | | 14B, KIND, OF | BUSINESS OR INDUSTR | | | | | | |
| done during most of work | | I ASSIRTING OF | DOSINESS ON INTOOSIN | | | 712 | | | |
| L | | | 1.0 | | a Marks | | | | |
| 16. WAS DECEASED (Yes, no or unknown) (If | yes, give wor or dotes | of service) | 17. SOCIAL SECURITY NO. | IB. INFOR | | | | DDRESS | |
| | | | | 0.S. | Payton F | unera | 1- Dut | ham - | N.C. |
| 19. | 9 | 10 V | CAUSE OF DEA | TH | | | 00 | | ROXIMATE INTERVAL |
| DISCASE | D CONDITION DIDE | CTIV | | | | | | DETTIL | EN ONSEI AND BEATH |
| | OR CONDITION DIRE | CILI | | | Eni | lepsy | | | |
| (This does not r | mean the mode of dy | ing, e.g., | (A) IMMEDIATE (| AS A CONSEG | | LOP J | | | |
| heart follure, ast | thenio, etc. It means the cation which caused de | e disease, oth.) | | | | | | | |
| DISEASES OR RISE TO THE ALL UNDERLYING | CEDENT CAUSES CONDITIONS, IF AN' BOVE CAUSE (A) STA CONDITION LAST. | Y, GIVING TING THE | (B) DUE TO, OR | AS A CONSE | QUENCE OF: | | | | |
| O THE DEATH | II CANT CONDITIONS CONDITIONS CONDITIONS TO SELECTED TO SMITTER TO SMITTER TO PROPERTY. | THE TERMINA | | | n o om o o o o o o o o o o o o o o o o o | . | | | |
| 20A. DATE OF O | PERATION 20B. CO | NDITION FOI | WHICH OPERATION W | AS PERFORM | ED | | | 21. AUTOP | SY? (Yes or No) |
| . d . | | | | | | | | YES | |
| UNDERLYING □ | | | PLACE OF INJURY(e.g., e, form, foctory, street, office | | | (If in Boltimos | re City, give exc | | |
| ¥ UTING L CAUSE | | r) (Hour) | 22E.INJURY OCCURRED | - 2 | 2F. HOW DID IN | ILIRY OCCI | 102 | | |
| OF INJURY (APPROX.) | , (007) (100 | | WHILE AT NOT | WHILE | | , o k . o c c . | | | |
| 23. | that I held an I | nquiry 🔲 | Inspection Au | tapsy XX | and that an th | his basis. | death in my | apinlan | W-11- |
| | from: Natural cau | | Accident Suicie | | | | ned manner | _ | |
| resulted | Tromp (Volume) Col | 363 | Accident Juicin | | | | | | |
| ACTUAL | (. Xk | 11/1 | 1. | | CHIEF MEDICAL E | | [X]X | | DATE SIGNED |
| SIGNATURE | X |) Janes | M.C | o. ASSI | STANT MEDICAL E | XAMINER | | | |
| EXAMINER'S | | ELWALT | | ASSC | CIATE MEDICAL E | XAMINER | | 100100 | |
| NAME (Type | | | Wilson, M.D. | CDF++ 4 T- | NDV In- | LOCATION | | /22/69 | /6 |
| 24A. BURIAL CREMAT REMOVAL (Specify) | TION, 24B. DATE | 2 | 4C. NAME of CEMETERY | ar CREMATO | | LOCATION | (City, tow | n, or county) | (Slote) |
| Removal | 2-23- | 69 | Durham | | N | I -C. | | | |
| 25A. DATE REC'D BY | | | E OF REGISTRAR | 25C. | FUNERAL DIRECTO | OR | A | DDRESS | |
| E | B 2 4 1982 | (O. B. | 9 Fr. Para | T T | .BRown 8 | and S | an an | Monte | Px |



| 53-63-58 djs | 69 1927 CERTIFIC | CATE OF DEATH REG. NO. 69 1927 |
|---|--|---|
| and eath ased the Such | NAME OF DECEASED Phillip F. Rosenthal | 2. DATE AND HOUR OF DEATH |
| f d d | 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission |
| osl nc lec | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | MARYLAND BALTIMORE 53-00 |
| n a h caus use; (| HOSPITAL OR ADDRESS OR LOCATION) BALTIMORE CITY HOSPITALS | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| in i | 4940 EASTERN AVENUE | E. STREET AND NUMBER |
| red ed o ar o pri | BALTIMORE, MARYLAND 21224 | 1906 CODD AVENUE 21222 |
| 52550 | MARRIED NEVER MARRIED | rast birinady! |
| | MALE WHITE WHOWED DIVORCED L | |
| T if death irect ar c (4) Undet was in the dec | Retired - Wire Mill Bethlehem Steel Co. | MARYLAND U.S.A. |
| if dect was was sposi | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | 15 Was Descend Fire in III S Award Fores? | KATHERINE MULLIGAN 17. INFORMANT ADDRESS |
| Sistar the dat kinds deat deat nice of final c | Yes WWII SECURITY NO. 217-07-2890 | 21224 |
| FUNERAL DIRECTOR: IMPORTAN by the chief medical examiner or his assistan pital by a medical examiner. Also, if the dire; (2) Bady burns; (3) A fracture of any kind; where the physician who pronounced death No physician was in regular attendance or directore the remains are embalmed or final d | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2114. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natity medical examiner) 218. PLACE OF INJURY (explains) or contributing cause of part of the contribution of the contribu | AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 200A. AUTOPSY? (Yes or No) NO 100 |
| ed b nasp atur pt v (6) | OF INJURY White AI Not W | 7/hile 21F. HOW DID INJURY OCCUR? |
| must be appro eleased to the ccident of any a hospital (exc to death); an | 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on FEB - 2 and hour and from the couses stated above. (I) (We) (did) (dld not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JOSEPH KAPLAN M.D. | 19 69 to FEB. 20 19 69 19 69 ond that in (my) (our) opinion death occurred on the do 19 view the body ofter death. 23B. DATE SIGNED 23D. ADDRESS BALTIMORE CITY HOSPITALS 23D. ADDRESS BALTIMORE CITY HOSPITALS 21226 |
| certification (1) (2) (2) (3) (3) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF | ery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland |
| This certhe bad shaws: (was D.C decease | VS 150-REV. 1/1/6B | John J. Duda, 7922 Wise Ave. Dundalk, Md. |

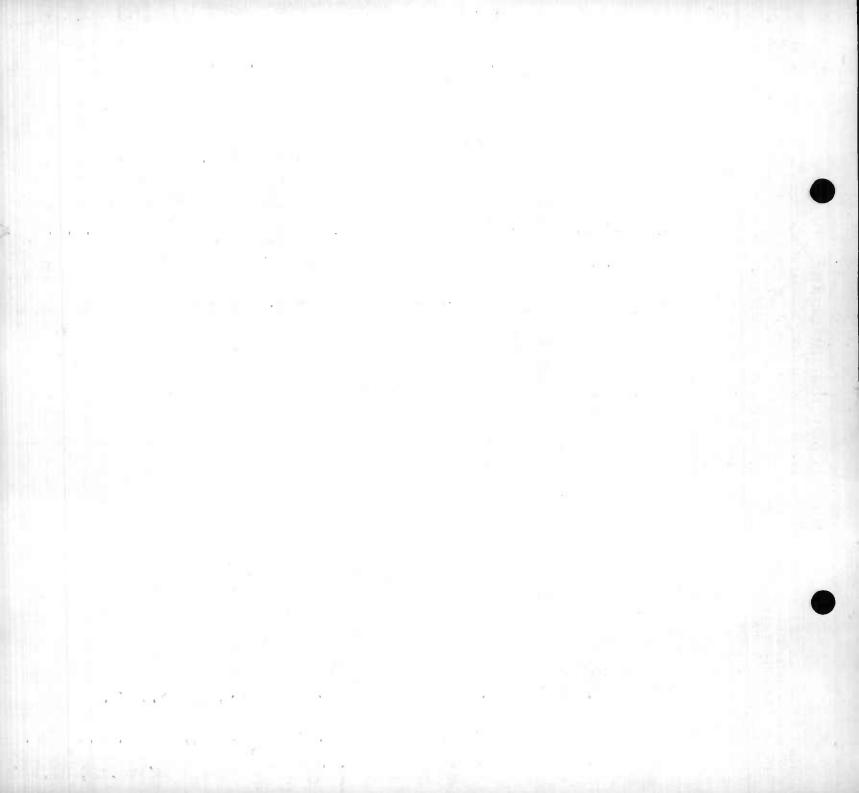


BALTIMORE CITY HEALTH DEPARTMENT



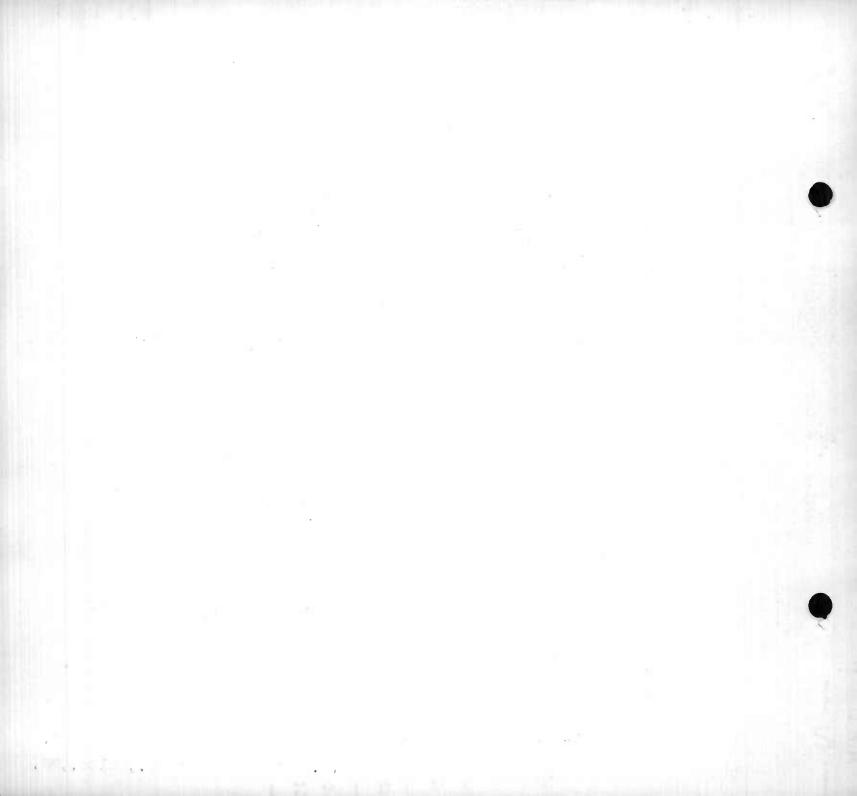
of the Mile that the first the second of
| 1 1 | IRTH NO. NAME OF DECEASED Type or Printly LILA Smoot | 2. DATE AND HOUR OF DEATH |
|---------------|--|---|
| 1 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 2/18/69 1/0:00 P_N |
| " | MARILAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission) A. STATE B. COUNTY |
| 1 | ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION | MARYLAND 26-12 |
| IJ. | | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| 1 | BALTIMORE CITY HOSPITALS | E. STREET AND NUMBER E. STREET AND NUMBER |
| | 4940 EASTERN AVE. BALTO, MD. 21224 | , |
| | SEX 6. RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In yours III Under) Yo. If Under 24 Hrs. |
| | FRMALE CAUCASIAN WIDOWED DIVORCED | 8. DATE OF BIRTH 9. AGE (in yoors Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Hours Min. |
| 10 | A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| 198 | ine during most of working life, even if relired) | 4.1 |
| ш | DUYRR FOR UPPT. STORY STRWARTS UPP. STORE | WARTLAND U.S.A. |
| | ? > | 14. MOTHER'S MAIDEN NAME |
| 15 | Was David St. L. H. & A. L. P. | 7 |
| (Y | . Was Deceased Ever in U. S. Armed Forces? ss.no or unknown) Uf yes, give wor or dotes of service) #ECURITY NO. | 17. INFORMANT ADDRESS 21224 |
| | > 21 3 -20-6455 J | BCH: RECORDS AGAO EASTERN AVE. BALTO MD |
| | 18. 17 4 V I SAUSE OF DEATH | APPROXIMATE INTERVAL |
| | DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH (This does not meen the mode of dying, RES., CA) IMMEDIATE CAU | |
| | heori foiture, osihenia, etc. It means the disease, injury or camplication which caused death.) | A CONSEQUENCE OF: |
| | ANTECEDENT CAUSES | 0 |
| | DISEASES OR CONDITIONS, if any, ging Due to, or as | A CONSEQUENCE OF: |
| | | A CONSEQUENCE OF: |
| | UNDERLYING CONDITION IOSI. | ADBNO Casemme of G. BREAST & Metautases Sy |
| z | 11 🗎 🔯 🖫 | |
| 10 | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | I mountie Frosting (R) HIP |
| CERTIFICATION | DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION | 20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED |
| RTIF | WAS PERFORMED | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES |
| | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi | |
| CAL | DEATH (notify medical examiner) | ice bidg., INJURY OCCUR? |
| MEDI | 21 D. TIME (Month) (Doy) (Your (Hour 21 E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| Σ | | |
| | 22. I certify that (I) (this haspital) attended the deceased from | |
| | that (1) (we) lost saw the deceased alive on February | 19 4 10 |
| | / | interval to the grant decourse on the gale |
| | and haur and from the causes stated abave. (I) (We) (did) (did nat) vi | |
| | 1 1 | Iding Med. Stoff C 2/8/69 |
| | 23C. PHYSICIAN'S | Phys. Las |
| | NAME (Type) | BALTIMORE CITY HOSPITALS BALT. MODE |
| | TOID! II ISOTOTE | 4740 BASTARA TARA |
| 24 | JOHN E. YOUNT DEGREE | |
| 1 | A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREATERY O | MATORY 24D. LOCATION (City, town, or county) (Stote) |
| 1 | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY O | emetery Pikesville, Md. (Stote) |
| - | A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREATERY O | 214 |







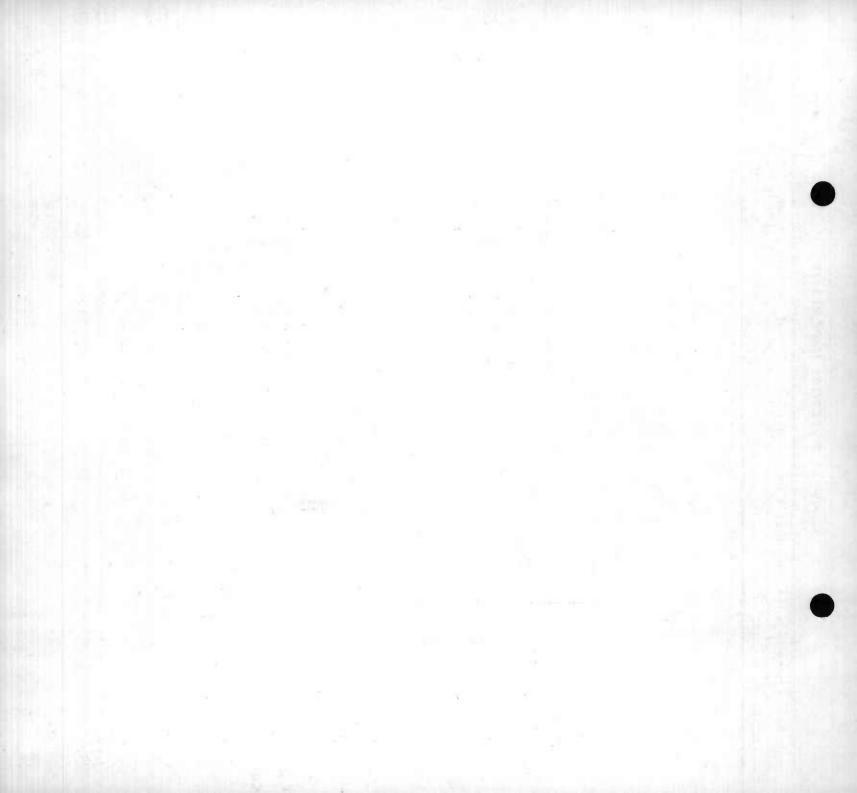
| 1 | RI- | K 67() 00 1000 | REG. NO. |
|------|---|---|---|
| 3 1 | P+Pe+ | BIRTH NO. CERTIFICA | ATE OF DEATH |
| 2 | ase th th Suc | I. NAME OF DECEASED (Type or Print) | 2. DATE AND HOUR OF BEATH |
| 40 | f deas | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | M. 14. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) |
| 1 05 | hospi Jse o (5) D lance deat | FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) | A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| 15 | se; end to | UNION MEMORIAL HOSPITAL | BALTIMORE YES NO |
| 7 | att and in | 4 9 33RD & CALVERT STS. BALL MD | E. STREET AND NUMBER |
| , | de. | | 701 CATHEDRAL ST |
| X | tribut minec gular sed p | 5. SEX 6. RACE 7. MARRIED DIEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 9. AGE (In years lost birthday) 15 Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min. |
| 3 | ont ont err reg | MALE CAUCASIAN WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED | 1 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| \$. | in ion | DIRECTOR | MARYLAND |
| 50 | if death rect or c (4) Undet was in the dec | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| X. | # 5 € × 4 s | THOMAS RUTH | MARY PHIPPS |
| SZ | ath ath | 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
| 4 E | the the dec | No 215-05-2745 | MARY PAGE RUTH SAME |
| ORO | if if it is | 18.4 25 X CAUSE OF DEAT | TH APPROXIMATE INTERVAL |
| A A | his of o or or or ten | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Branchop nemoni, severe. |
| = 6 | P S S E | (This does not mean the made of dying, e.g., (A) IMMEDIATE CA! | USE A CONSEQUENCE OF: |
| 2 % | er. ctu pro pro lar | heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) | |
| 0 | fraction of golf | ANTECEDENT CAUSES | |
| Ü | xan xan xan wh wh | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS | S A CONSEQUENCE OF: |
| ~ | - 00 E.E. S | UNDERLYING CONDITION loss. (C) | |
| 0 | dical rns; sicia was main | Z II | Y. S. |
| - A | med burr burr bhysi nn w rem | TO THE DEATH BUT NOT RELATED TO THE TERMINAL | 7, 3. |
| 3 | dy dy icic | U DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 2 | ch Bo th th th | | Yes |
| II. | the all by (2) ere o ph | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.) | in or about 21Cf WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR? |
| | メモッチェウ | | 21F. HOW DID INJURY OCCUR? |
| | atur pt w (6) | OF INJURY While At Not Whi | le 🔲 |
| | he he hay no hax segment and he he he hard | 22. I certify that (1) (this haspital) attended the deceased fram | |
| | a (e | that (I) (we) last saw the deceased alive an | 19 69 and that jutant four) apinian death occurred an the date |
| 1 | 4 0 0 | and haur and from the causes stated above (1) (We) (did) (did not) | |
| | T 0 0 T E | 23A. SIGNATURE | 238. DATE SIGNED |
| | cic Plant | Mall C MA DEGREE Phy | |
| | 0 0 5 | 23C. PHISICIAN'S NAME (Pype) | 23D. ADDRESS |
| | certificate body was r rs: (1) An a D.O.A. at a ased prior ten approv | KONAGO OM. 22000 171) | |
| | E 70 0 0 C | 24A. BURIAL CREMATION, REMOVAL (Specily) | |
| | This certif the body shows: (1) was D.O. deceased written a | Burial 2-24-69 Greenmount 25A. DATE REC'D SYCHEALTH DEFT. CO. 25B. NAME OF REGISTRAR | Baltimore Md. |
| | This ce the boc shows: was D. deceas | 25A. DATE REC'D PYTHEALTH DEPT 69 25B. NAME OF REGISTRAR | H.W. Jonkins & Sons Co., Balto., Md. |
| | | VS 150-REV. 1/1/6B | 1071 |



| | 60 | A O O A BALTIMORE CITY | HEALTH DEPARTMENT | | 69 1934 | | |
|----------------|--|---------------------------------------|---|--------------------------|--|--|--|
| BIRTH NO. | 03 | 1934 CERTIFICA | TE OF DEATH | Registered No. | 00 1004 | | |
| M.E. CASE N | | A | 2 DATE AN | ND HOUR OF DEATH | | | |
| (Type or Print | | (shou) | | 3-69 | 937 | | |
| 3. PLACE OF | DEATH IN BALTIMORE, MARYL | AND | 4. USUAL RESIDENCE (Whe | re deceased lived. If i | institution: residence before admission) | | |
| | | | A. STATE B. COUR | 11Y | M 12 | | |
| FULL NA/ | | stitution, give street | C. CITY OR TOWN (If ou | taldo alto limita contro | PURAL and size township) | | |
| INSTITUTIO | ON / | | 12 11 29 | rside city limits, write | RURAL ond give township) | | |
| 1 | / // ~ | , / | D. STREET ADDRESS | ruroly give location) / | | | |
| 1 | Lecouls Hospi | lal - | 011 | adison A- | 4 | | |
| 5 550 | | MARRIED, NEVER MARRIED | 8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. | | | | |
| Jan / | | WIDOWED, DIVORCED (specify) | 0 = 0 / | lost birthdoy) | Months Doys Hours Min, | | |
| female | SCHRATION/Give hind of worth 100 | MATTICC. KIND OF BUSINESS OR INDUSTRY | 8-3-86 | 82 | 12, CITIZEN OF | | |
| | ost of working life, even if retired) | . A | 11. BIRTHPLACE (Stote or fore | ign country) | WHAT COUNTRY? | | |
| Hou | SEWIFE | HOME | Austria | | U.S.A. | | |
| 13. FATHER'S | NAME | | 14. MOTHER'S MAIDEN NA | ME | | | |
| | Johan Dobingo | | Maine 1 | HANNEA | | | |
| | osed Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | 0 | ADDRESS | | |
| (Yes, no or up | nown) (If yes, give wor or dotes of | service) SECURITY NO. | A1 St. 1. | marine - 2 | 321 - det 1 De | | |
| 100 | | | Mr. Diepaen | muyer - a. | sale E. Tyadusiz si | | |
| 18. | 12.41 | CAUSE O | F DEATH | | ONSET AND DEATH | | |
| / D | SEASE OR CONDITION DIRECT | n I | 1- 0 | Line | 2.11 | | |
| (This de | bes not meen the mode of dy | | novary Ent | तं गर्ज / | Lyan. | | |
| heort fa | lure, asthenia, etc. It means the | diseose, | / | | | | |
| injury a | camplication which caused dec | oth,) | andized ante | n'escleros | vic l | | |
| | ANTECEDENT CAUSES | DU F TO | 0 | | | | |
| | ES OR CONDITIONS, if ony, the obave couse (A) slo | | ASCUD | | | | |
| | YING CONDITION last. | mig me (C) | | | | | |
| | | | | | | | |
| OTHER | SIGNIFICANT CONDITIONS CON | | | | | | |
| DISEASI | E DEATH BUT NOT RELATED OR CONDITION CAUSING IT. | | | | | | |
| 19A. DA | E OF OPERATION 198. CONDITI | ON FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or N | O) 208, IF YES, WERE | FINDINGS CONSIDERED AUSES OF DEATH? | | |
| 32/3 | | reacted Herm | a yes | 77 | | | |
| U-21A. AC | CIDENT WAS UNDERLYING TRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., in | fice bldg., INJURY OCCUR? | H in Boltimo | ore City, give exact location) | | |
| | notify medical examiner | etc.) | | | | | |
| □ 21D. TM | | lour) 21E, INJURY OCCURRED | 21F. HOW DID IN. | JURY OCCUR? | | | |
| S OF INJU | | While At Not While | | | | | |
| | | Work At Work | | | 27/10 | | |
| | rtify that (1) (this hospital) o | 1 | . / | 19 to 2/ | | | |
| Transfer . | (we) lost saw the deceased a | , , | | - | oinion deoth occurred on the dote | | |
| and hou | r and from the couses stated | gbove. (1) (We) (did) (did not) v | view the body ofter deoth. | 8.30 | A. M | | |
| 23A. SIGI | VATURE | 1 1 2 | | | 23 B. DATE SIGNED | | |
| V | · 10gel & | 7, Man Atte | ending Med. | Stoff Phy s. | 2/23/69 | | |
| | SICIANS | | 23D. ADDRESS | | , 64 | | |
| NA. | OUIS JOGE | 1. TR. M.D. | 2601 E.14 | OIVERMEN | + 01. | | |
| 24A. BURIAL | CREMATION, 24B. DATE | 24C. NAME of CEMETERY OF CR | | | City, town, or county) (State) | | |
| REMO | AL (Specify) | 11 0 |) | Jamilen | D C | | |
| Su | RIAL 3-99-98 | | EW. | CHIBATOGTO | N, V.C. | | |
| 25A. DATE | EC'D BY HEALTH DEPT. 258 | B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTO | R 1 23 | 34 September St. | | |
| | FOR \$2 1202 | \$15 6- 5 Walter C | John anne | les Jane | and Home | | |
| VS 150-REV. | 1/1/65 ~ | | 7 7 0 % | | | | |

B 1997, 1897 and the appendix of the contract of the contra

| 69 | 1025 | CATE OF DEATH | REG. NO. 69 | 1935 |
|--|--|---|--|--|
| I. NAME OF DECEASED (Type or Print) Willia | am Prevo | 2. DATE AND | 22/69 | 12:55 P. |
| 3. PLACE IN BALTIMORE, MARYLAND, WH | ERE PRONOUNCED DEAD | 411 | deceosed lived. If institution: re | osidence before odmission) |
| HOSPITAL OR ADDRESS OR LOCATI | OR INSTITUTION, GIVE STREET | C. CITY OR TOWN. Baltinore E. STREET AND NUMBER | D. INSIDE CITY L | MITS? |
| The Good Sama 5. SEX 6. RACE 7 | Arritan Hospi | | ollington A | r 1 Yr. If Under 24 Hrs. Doys Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work) It lone duging mast of working life, even if relired) | WID OWED DIVORCED | □ H- 19- 08 | 6D | ZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME | Bloging ld | 14. MOTHERS MAIDEN NAM | | , S. A. |
| 15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or doles | of service)/ 16. SOCIAL SECURITY NO. | Annie D 17. INFORMANT Vettie B, TR | aniel 200-209-N- | Collington |
| DISEASE OR CONDITION DIRE | CTLY (A) IMMEDIAT | teriosclerotic (Disease | Cardiovascular | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years |
| (This daes not mean the made of a heart failure, asthenia, etc. It means the injury or camplication which coused a ANTECEDENT CAUSES | he disease, | R AS A CONSEQUENCE OF: | | |
| DISEASES OR CONDITIONS, if an rise to the obove couse (A) sunDERLYING CONDITION last. | slating the (C) | OR AS A CONSEQUENCE OF: | | |
| O THER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART | ETERMINAL | onic obstructive disease | | |
| | TITION FOR WHICH OPERATION DRIMED | NO NO | 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF | CONSIDERED DEATH? |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) | 21B. PLACE OF INJURY home, form, foctory, streetc.) | (e.g., in or obout 21 C. WHERE DID let, office bidg., INJURY OCCUR? | (If In Boltimare City, giv | e exect locollon) |
| 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) | While At Not | While Work | | |
| 22. I certify that (I) (this haspital) that (I) (we) last saw the deceased | 2/22 | 60 | 969 ta 2/22 of in(my) (aur) aplnion dec | th occurred an the date |
| and hour and from the causes state | , we will | Attending Med. | Shoff DA | TE SIGNED 2/22/69 |
| 23 C. PHYSICIANS | . Stone, MD | Good Samar. | itan Hospital | |
| CAA CURIAL CREATATION OUR DATE | 24C, NAME of CEMETERY | CREMATORY 24D. LO | OCATION (City, town) | r county) (Store) |
| 24A. BURIAL CREMATION, 24B. DATE DELLES 2257 | 19 meadow | Ridge like | en-1930 E | eself Ket. |



| 0 | 6 | | TY HEALTH DEPARTMENT | V | 69 1936 |
|----------------|---|--|--|-----------------------|--|
| BIRTH NO. | | CERTIFIC | ATE OF DEATH | REG. NO. | |
| | DECEASED TUCIA | Tine /ARINSKS | 2, DATE A | NO HOUR OF DEATH | 1231 |
| 3. PLACE II | BALTIMORE MARYLAND, | WHERE PRONDUNCED DEAD | 4. USUAL RESIDENCE (Wh | | stitution: residence before admission |
| FULL NAM | E OF (IF NOT IN HOS | PITAL OR INSTITUTION, GIVE STREET CATION) | Maryland | F | Baltimore 53-0 |
| INSTITUTIO | Baltimore | City Hospitals | | D. 11431 | YES NO DO |
| 31 | 4940 Easte | | E. STREET AND NUMBER | | HOW. |
| | Baltimore, | | 322 Margaret A | Avenue 212 | 221 |
| 5. SEX | 6. RACE | 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| Pemale | White | WIDOWED A DIVORCED | 11-1-1896 | lost birthdoy 72 | Months Doys Hours Min. |
| IOA. USUAL | | rork 108, KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF WHAT COUNT |
| done during r | ost of working life, even if retired | | Maryland | | U.S.A. |
| 13. FATHER | NAME | Youse write | 14. MOTHER'S MAIDEN NA | AME | |
| J. FAITIER | | | THE THE PARTY OF T | | Antionette |
| 16.144 | Joseph | | | / | |
| (Yes, no of un | eosed Ever in U. S. Armed known) (If yes, give wor or d | átes of service) SECURITY ND. | 17. INFORMANT | | ADDRESS |
| We | NO | 212-28-117 | / Records:BCH | 4940 Easterr | Avenue 21224 |
| 1B | 10.91 | CAUSE OF DEA | ATH | | APPROXIMATE INTERVA |
| 10 | ISEASE OR CONDITION | DIRECTLY | 0.0 | . 1 | BETWEEN ONSET AND DE |
| | LEADING TO DEAT | AMMMEDIATE C | AUSE MYST. | infacts | · /oth |
| | aes not mean the made iluie, asthenia, etc. It mea | | S A CONSEQUENCE OF: | 0 | |
| | complication which cous | | 11 | 1 - | ? |
| | ANTECEDENT CAUS | ES (B) CALLY | ewsc. Nr | tisein | |
| | ES OR CONDITIONS, i | | AS A CONSEQUENCE OF: | / | |
| | i the above cause (A LYING CONDITION last. | (C) | | | |
| 3 | | (0) | | | |
| Z OTHER S | II IGNIFICANT CONDITIONS (| CONTRIBUTING | | | |
| TO THE | DEATH BUT NOT RELATED TO | D.THE TERMINAL | | | |
| U 19A. DA | TE OF DPERATION 198. CO | ONDITION FOR WHICH OPERATION | 20 A. AUTDPSY? (Yes or N | IN CERTIFYING | FINDINGS CONSIDERED USES OF DEATH? |
| 19A.DA | | | 100 | IN CEKIIFIING CA | OJEJ OF DEATH! |
| | CIDENT WAS UNDERLYING | 218. PLACE OF INJURY (e.g | office bldg., INJURY DCCUR? | (If in Baltimor | e City, give exoct location) |
| DEATH | (notify medical examiner) | etc.) | Sings ongs, into the booth. | | |
| 0 21 D. TIA | | or) (Hour) 21E. INJURY DCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| E CAPPRO | | While At Not W | hile | | |
| | | Work LJ At Wo | rk 🔲 | 69 | 7 7 7 |
| 22. I c | rtify that (1) (this haspi | tal) attended the deceased fram | S = 1.1 | 19 0 / ta | 19.6 |
| that (1) | (we) last saw the decea | ised alive an | 19 4 and t | hat in (my) (que) api | nian death accurred an the |
| and ha | ir and fram the causes s | tated abave. (1) (We) (did) (did nat | view the bady after death. | | |
| 23A. SIG | NATURE | 0 / 10 | | | 23B. DATE SIGNED |
| | Xba | . \// // // // // // // // // // // // // | ttending Med. hys. Director | Staff Phys. | 2//7//9 |
| 23C. PH | SICIANS | DEGREE! | 23D. ADDRESS | | 711/8/ |
| NA | Lee J. Co | rdova | 4940 Eastern Ave | ore City Hosp | pitals re,Maryland 21224 |
| 24A PIIDIA | | DEGR | 50 | | |
| REMD | CREMATION, 248. DATE | 24C. NAME OF CEMETERY OF | A 240. | LDCATION (Ci | ity, town, or county) (State |
| Bu | real | y losas | 4 Cemury | Dalle, | Md: |
| 2SA. DATE | REC'D BY HEALTH DEPT. | 25B. NAME DE REGISTRAR | 25C. FUNERAL DIRECTO | RD41 | ADDRESS |
| | | of sell G. Williams | Alman | 5. tester 1 | 930 Castern |
| S 1SO-REV | 1/1/6B | 195900 | 0 1 9 3 4 | | |



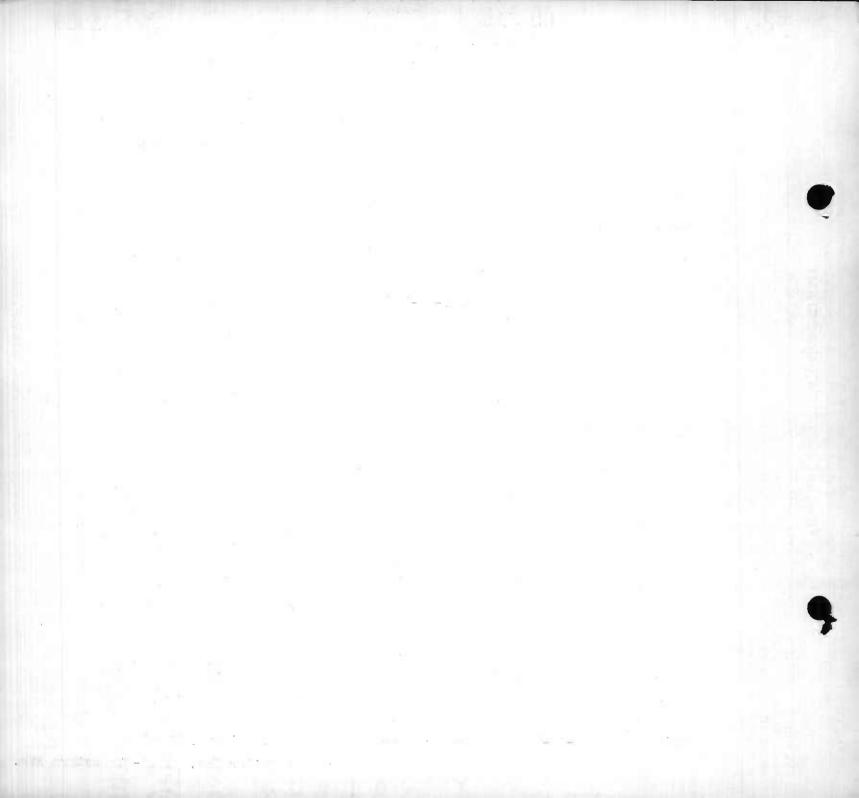
| 53-44-13 JD | | 69 1937 | BALTIMORE CITY | HEALTH DEPARTMENT | CO | 1937 |
|--|---------|--|--------------------------|-----------------------------------|-------------------------|---|
| T530 | 7 | | CERTIFICA | TE OF DEATH | REG. NO | 1.07 |
| and eath ased the Such | | RTH NO. NAME OF DECEASED | OZICTII TO | | D HOUR OF DEATH | |
| | | rpe or Print) ELAINEPTH | MAR | | | |
| of death Of death Deceased e on the | 2 | PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNC | | 14 USUAL RESIDENCE (When | -69 | 10:25 A.M. |
| <u> </u> | ٥. | TEACE IN BALIMORE MARIENED, WHERE PROHOUNCE | LD DIAD | A. STATE B. COUN | TY | r 1 x |
| hospi use o (5) D dance deat | FU | JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION) | N, GIVE STREET | MARYLAND | | 5-10 |
| | IN | BALTIMORE CITY HOSPITALS | | C. CITY OR TOWN | | CITY LÍMITS? |
| 2 0 | 0 | 4940 EASTERN AVE. | | BALT IMORE. E. STREET AND NUMBER | 1 | YES X NO |
| ₽.= ' . | | BALT INORE MD. #21222 | | | 0101 | E |
| d a d de | - | T | | B. DATE OF BIRTH | | |
| 24.5200 | 3. | MARKIED | NEVER MARRIED | | ast birthdoy) A | If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. |
| occountry prim reg | - | FEMALE NEGRO WIDOWED | DIVORCED | 6-24-32 | 36 | |
| th co on r | | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSING me during most of working life, even if retired) | Balto. | II. BIRIMPLACE (State or foreign | in contry) | 12. CITIZEN OF WHAT COUNTRY? |
| B - D - D - | 90 | School teacher Dept. of | Education | W. VA. | | USA |
| de Cori | 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | A E | |
| F = 5 (4) y = q s | | OTHAN PINKARd | | HELEN Ma | 45 | |
| AN stant ind; eath eath | | Was Deceased Ever in U. S. Armed Farces? 16. | SOCIAL | 17. INFORMANT BCH: REC | ORDS | ADDRESS |
| TA ister | (16 | s, no or unknown! (If yes, give war ar dates of service) | SECURITY NO. | 4940 EASTERN AVI | | MD. #21224 |
| A t t t t t t t t t t t t t t t t t t t | - | 18. 4 (2) | CAUSE OF DEATH | | | APPROXIMATE INTERVAL |
| IMPORTAN r his assistan Also, if the di of any kind; ounced death ittendance on | | DISEASE OF CONDITION DIRECTLY | ends of beat | 0 0 | | BETWEEN ONSET AND DEATH |
| So Property | | LEADING TO DEATH | A CALLED LATE CALL | (a les | arrest | |
| 045505 | | (This does not mean the mode of dying, e.g., | (A) IMMEDIATE CAU | A CONSEQUENCE OF: | | |
| R: er. ctu | | heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) | , | | | |
| CTOR: caminer aminer. A fractu | | ANTECEDENT CAUSES | The | mio, | | |
| CT A P P P P P P P P P P P P P P P P P P | | DISEASES OR CONDITIONS, if ony, giving | DUE TO, OR AS | A CONSEQUENCE OF: | 1 A | |
| A X S X S | | lise to the obove couse (A) sloting the | Ch | me level | Falur | |
| DIRECT (a) (3) / (| | UNDERLYING CONDITION lost. | (C) | | V | |
| dico ico ico ico ico ico ico ico ico ico | z | OTHER SIGNIFICANT SOMETIMES CONTRIBUTING | | | | |
| AL medicedic burn hysi n we | ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | |
| dy dy dy he he | N N | DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH | CH OPERATION | 20 A. AUTOPSY? (Yes or No. | 20B. IF YES, WERE FIN | IDINGS CONSIDERED |
| FUNERA The chief me by a med The phy a physician ore the reserved. | ERTIFIC | WAS PERFORMED | | YES | IN CERTIFYING CAUS | ES OF DEATH? |
| FU he by by phy fore | ü | 21 A. ACCIDENT WAS UNDERLYING 21B. PLA | CE OF INJURY (e.g., i | n ar about 21 C. WHERE DID | (If in Boltimore | City, give exact lacation) |
| - + - O = O = O | 14 | DEATH (natify medical examiner) etc.) | arm, factory, street, of | fice bldg., INJURY OCCUR? | | |
| ved by hospite nature; ept wh d (6) Ne | DIC | 21D. TIME (Manth) (Day) (Year) (Haur) 21E INI | URY OCCURRED | 21 F. HOW DID INJU | IRY OCCUR? | |
| ed by hospid ature (6) N ined | × | OF INJURY | Not While | • 🗖 | | |
| 00.00 | | (APPROX.1 | At Work | 41.0 | 1-2 | -100 60 |
| 9 4 C 9 8 6 | | 22. I certify that (1) (this haspital) attended the d | eceased fram | 1/49 1 | 9 69 10 | 1907. |
| 0 0 0 0 | | that (I) (we) last saw the deceased alive an | 2/ CL | 19 ond the | at in (my) (our) opini- | an death occurred on the date |
| 0 71 + + - | | and haur and fram the causes stated above (1) (W | e (did) (did nat) v | iew the bady after death. | | |
| S e e e | | 23A. SIGNATURE | 10 | | 1 2 | 3B. DATE SIGNED |
| = = = = 0 - | | Planeth & Heste | Dhan | | Staff Phys, | 2/29 69 |
| s rendered | | 23C. PHYSICIAN'S NAME (Type) | DEGREE | 23D. ADDRESS BALT IMOR | E CITY HOSPI | TALS |
| 0 0 5 0 5 5 | | KEANETH E FITGSTEN MD. | | 4940 EASTERN AV | E. BALTIMORE | MD. 21224 |
| certific body w s: (1) A D.O.A. ased pi | 24 | AMALIA II at LILOUS AND A MARKET CONTRACTOR OF THE PROPERTY OF | of CEMETERY of CRE | | | town, or county! (State) |
| | | SEMOVAL (Specify) | 1 | 10 11 | | 10 1110 |
| | 000 | 3 ania 2/25/69 00 | KWOOD | 1 - 24 . NIG | ariafal | 15. N. Y. |
| This certif the body shows: (1) was D.O deceased | 25 | A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R | EGISTRAR | 25C FUNERAL DIRECTOR | of 10 | ADDRESS NI |
| - + v > 0 > | | MAN MAN E , MANAGE | 9 0 0 | yames 18 | Trule | s. Jamo 17d |
| | A 2 | 150-REV. 1/1/6B | | | | |

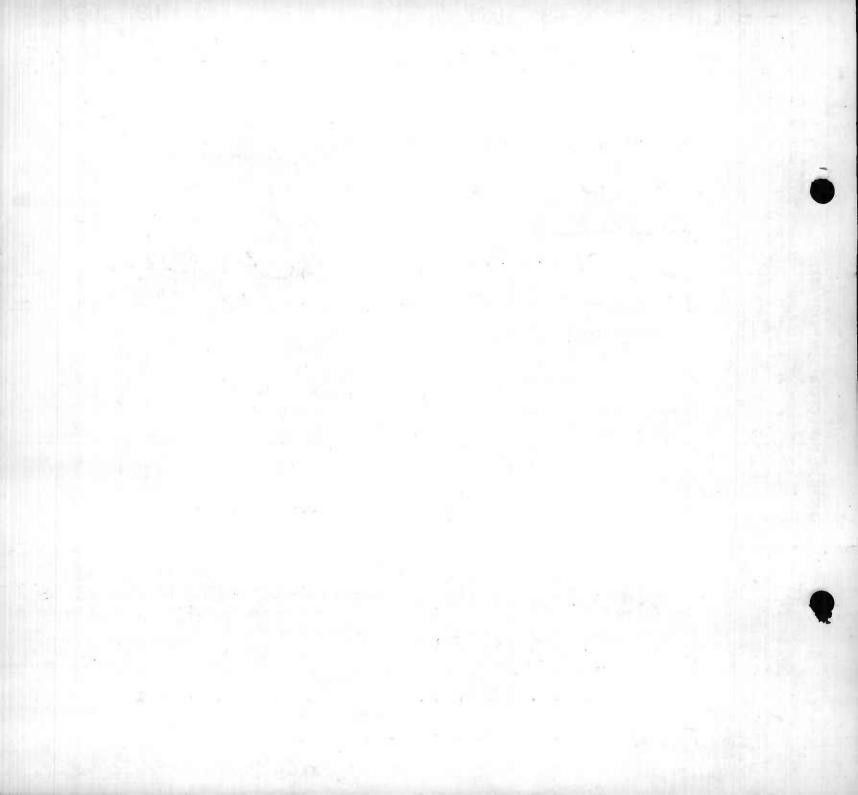
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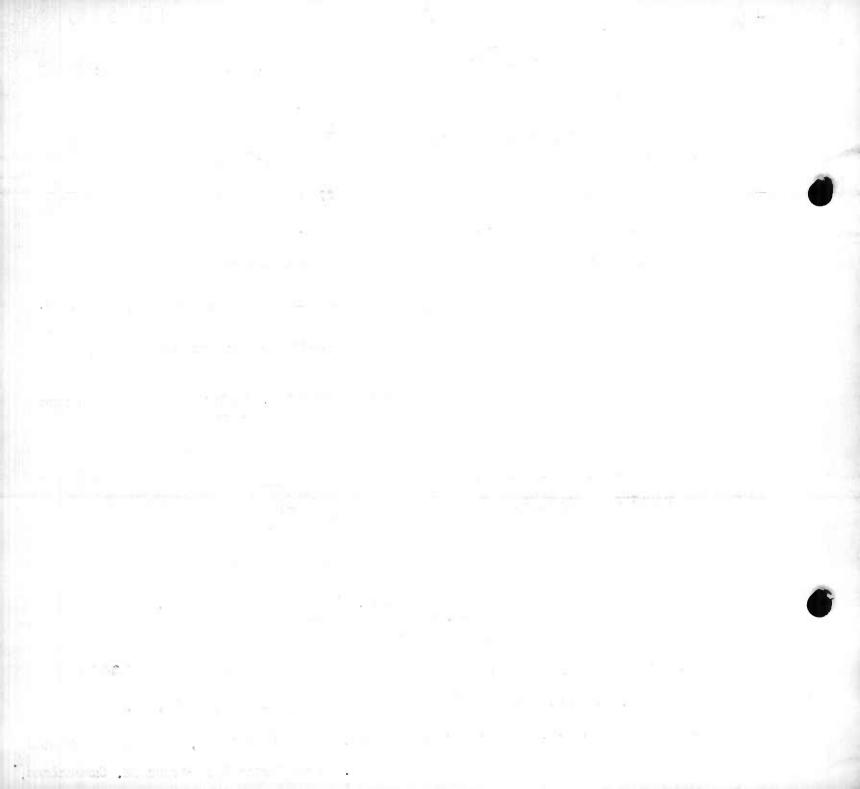
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Ames to Frederic Fat 8 19

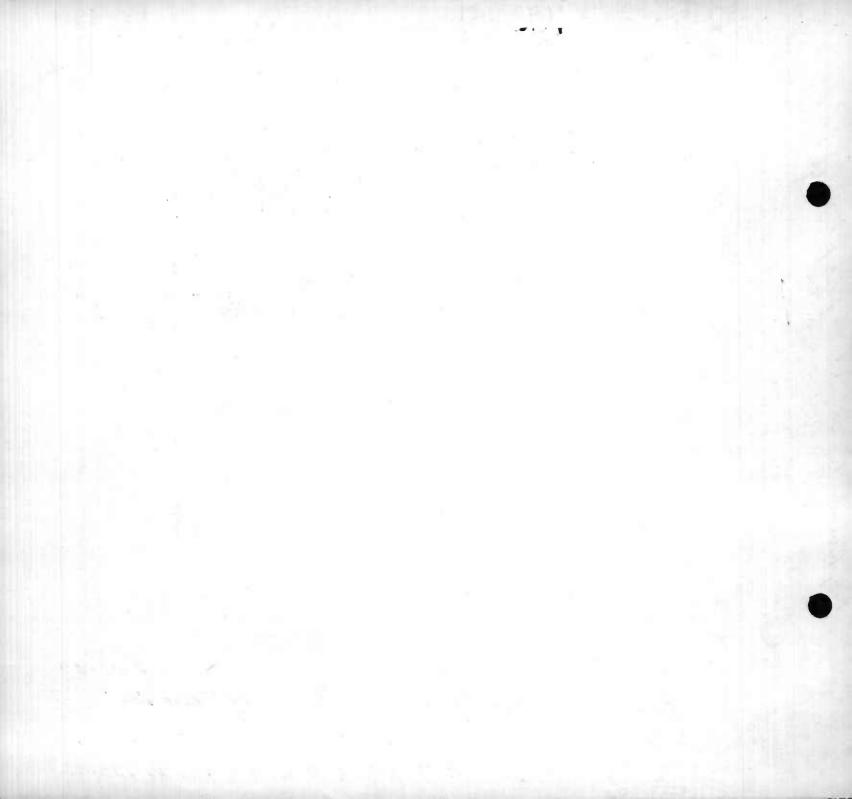
| | ~ ~ ~] | CO 1020 BALTIMORE CITY HEALTH DEPARTMENT |
|-----------|---|--|
| C'- | 2560 | BIRTH NO. CERTIFICATE OF DEATH REG. NO. 1938 |
| | deat deat ease n th | 1, NAME OF DECEASED 1, NAME OF DECEASED 1, NAME OF DECEASED 1, DATE AND HOUR OF DEATH 2/22/69 1=50 A |
| | 0 0 0 - | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE, B. COUNTY |
| | hospit ise of (5) De ance deat | HOSPITAL OR ADDRESS OR LOCATION) OF THE PROPERTY OF THE PROPE |
| | cau cau | INSTITUTION . INSIDE CITY LIMITS |
| | d in cau cau | HOSP. HENOKIAL DATE YES NO |
| | ar ar | 5. SEX 6. RACE 77. MARRIED CALVUS MARRIED B. DATE OF RIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. |
| • | occur ontrib ermin regul eased is ma | MARKIED NEVER MARKIED 12 -04 lost Utthday 44 Months Doys Hours Min. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | Barberone None (If even if retired) NONE NEW JERSEY G.S.A. |
| - | rect or c (4) Undet was in the dec | 13. FATHER'S NAME JOSEPH COHEN 14. MOTHER'S MAIDEN NAME FREIDH CUNKNOUN) |
| TAN | the dikind; kind; death nce on | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 212-10-7159 17. INFORMANT Confusion |
| IMPORTAN | his as fo, if fany nced enda d or | DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY |
| | r or | (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. II meons the disease, |
| TOR | miner fract ho pr egula | injury or complication which coused death.) ANTECEDENT CAUSES (B) FORUTE AUTOMA |
| DIRECTOR: | exalexalexalexalexalexalexalexalexalexal | DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C) |
| | dical dical urns; ysicic was | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL |
| UNERAL | me y bu phy phy | V DISEASE OR CONDITION GIVEN IN PART 1 (A). |
| Z | Bod Bod the ysic | WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? |
| 5 | the all by (2) lere o physefore | 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF
| | A N L | Q 21 D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| | hos natu ept d (6) | OF INJURY (APPROX.) While At Not While At Work At Work |
| | the iny exc | 22. I certify that (I) (this haspital) attended the deceased fram 1969 to 1969. |
| ~ | e | that (1) (we) last saw the deceased alive an |
| | ed ed orit | and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATULE 23B. DATE, SIGNED |
| | de de de | Mowo Q. Whe Mid Director Staff Director |
| | certificate m body was related. V.O.A. at a b cased prior to | STLIAKT SUNDAY MID. 23D. ADDRESS WAME (Type) STLIAKT SUNDAY MID. 23D. ADDRESS WAME (Type) |
| | S.O.S. | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| | ws: Ws: D. | Burial 2-25-1969 Holy Redeemer Baltimore, Maryland |
| | This certificate body shows: (1) was D.O. deceased written a | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR LILLY & Zeiler Inc. 1901-07 Eastern Ave. |
| | | VS 150-REV. 1/1/6B |







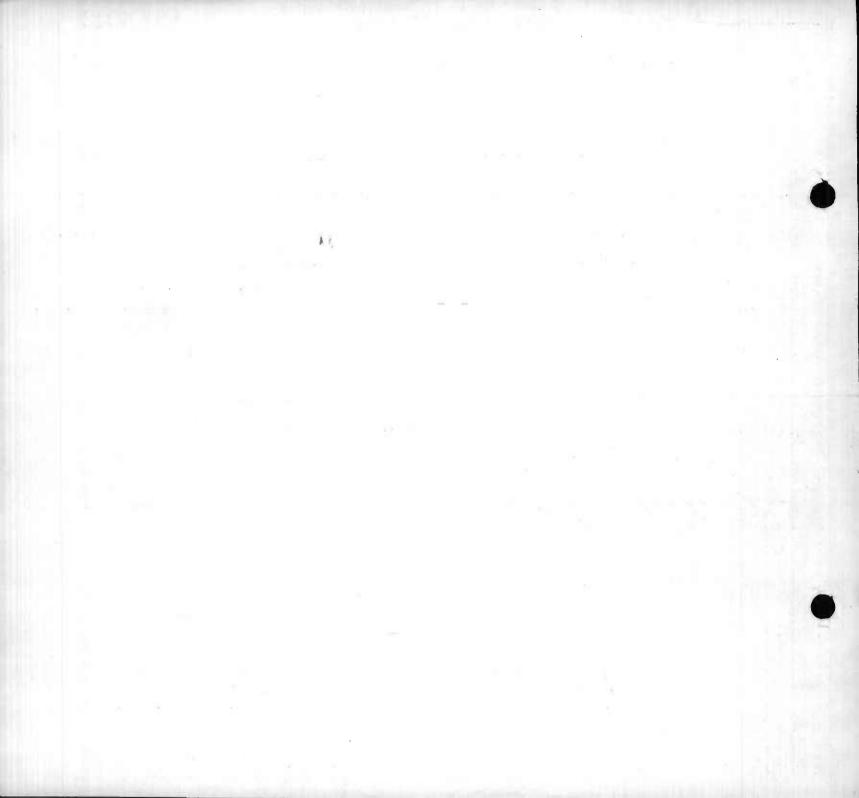
| 0 3 | 2-12 | C | 69 1941 BALTIMORE CIT | A TEALTH DEPAI | E A E A PEG | . NO. | 9 15 | 941 |
|----------------|--|----------|--|------------------------|---------------------------------------|----------------------|----------------|--------------------------------|
| 1 | בפסב ב | BIR | THE OF DECEASE OF STAKE CERTIFICA | ATE OF DI | EATH | 110 | | |
| 1 12 | an ase th th | | AME OF DECEASED | | 2. DATE AND HOUR OF | DEATH | - | 25 |
| 3 de 1 | - D 0 5 .5 | | SZYManik, Jacob | and the second | 2/19/69 | | 12 | AM M. |
| 3.46 | the Dot | 3. 1 | LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESID | DENCE (Where deceased li B. COUNTY | ived. Il institution | on: residence | before odmission) |
| 101 | ospospospospospospospospospospospospospo | FU | L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | Md | | | 16 | -10 |
| 10 00 | da da da | HO | SPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOW | VN | D. INSIDE CI | TY LIMITS? | |
| B1 3 1 | L to Be a | 1.1 | 2.4 11 7 | 1301 | TIGNOVA | YES | Ä | NO 🗌 |
| 1 1/2 | in i | 11 | Paltimore Cily Hospila 21224 | E. STREET AND | NUMBER | | | |
| 1 13 | P - d - d - | | 40 Eastern Avenue, Baltimore, Maryland | 143 | 5, 1300/01 | N St | reet | 21224 |
| 12 0 | ibe ola di da | 5. S | 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRT | 79. AGE (In yolost birthday) | eors II L | Jnder 1 Yr. | If Under 24 Hrs. Hours Min, |
| 1,0 | ntr ntr rm eg | | Vale widowed Divorced | 1/27 | 83 | 86 | | |
| N. | n in | | USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR | RY 11. BIRTHPLACE | (State or foreign country) | 12, | CITIZEN OF | WHAT COUNTRY? |
| 1. | in de rio | 0011 | Unemployed | Pola | nd | | Pola, | Nd |
| ~ | de de as | 13. | ATHER'S NAME | 14. MOTHER'S A | MAIDEN NAME | | | |
| 12 | ÷ 9€ ¥ + 2€ | | | | | | | |
| Z | di the | 15, 1 | Vos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL | 17. INFORMANT | | | ADDRE | 223 |
| 0. K | sta ince | (Yes | no or unknown) (II yes, give wor or dates of service) SECURITY NO. | | Records: BCH- | 4940 Eas | stern A | venue |
| ORTA | SSi Tr | | 100 218-10-55 | 11 1016 | ph Jy Ma | INIK (S | | Same |
| 16 0 | if i | | 18. 491X+E 885X CAUSE OF DEA | TH ' | 7 | | | XIMATE INTERVAL |
| × | So Property | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | D | | | 2 | 2 / |
| 12 = | A P C B E | | //(A)IMMEDIATE CA | AUSE NEU | monia | | 4- |) days |
| ت ال | ar or c | | heart failure, asthenio, etc. It means the disease. | 3 A CONSEQUENCE | OF: | | | |
| OR O | ac ac | | | , | 0 1,4 | | | |
| ECT | fr fr fr ee | | | YONIC ! | Dronchiti | 5 | 146 | ans |
| M m | XXX | | DISEASES OR CONDITIONS, if any, giving 1 DUE TO, OR A rise to the obove cause (A) stoting the | 13 A CONSEQUENC | JE OF: | | | |
| , R | al (3 | | UNDERLYING CONDITION lost. (C) | | | | | , |
| 0 | dic ca ca ns; ici | _ | 11 2/2 | | | | unn | rox lak |
| AL | edied y v | ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL STATE TY | each Fra | acture (4) | hip | ways | To adamenia |
| ER | אם אם ים | CAI | DISEASE OR CONDITION GIVEN IN PART 1 (A). | | Y? (Yes or No) 20B. IF YES | C WERE SINDS | NOS CONSI | DEPER |
| Z | hie he he | ERTIFICA | De la la WAS PERFORMED | | IN CERTIFY | ING CAUSES | OF DEATH? | DEKED |
| ¥ > | by By | CER | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 16.9. | , in or obout 21 C. Wi | HERE DID (If Ir | n Boltimore City, | . give exact l | (acation) |
| L. | er e er | | OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.) | office bldg., INJURY | Y OCCUR? | . 1 | | |
| 0) | Z S S S S S S S S S S S S S S S S S S S | U | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED | 215 H | OW DID HIJURY OCCUR | ouldin | | |
| | osp osp (6) | MEDI | OF INJURY | | #1- 1 | | | |
| 13/ | n n n n n n n n n n n n n n n n n n n | | 2 1/01 | | Sli pped | | | |
| 2 | the ny ex an | M | 22. I certify that (1) (this haspital) attended the deceased fram | 2 110 169 | 19ta | 2/19 | 169 | 19 |
| | of a | | that (1) less saw the deceased alive on 2/19/69 | 19 | and that ir(my)(| apinian | death accu | arred on the date |
| | sed to ent of spital leath) | | and have and from the causes stated above. (N (We) (did) (did) | view the bady a | fter death. | | | |
| | ust be cased to dent of ospital death) must b | | 23A. SIGNATURE | | | 23 B. | DATE SIGNI | ED |
| | 20.5 6 | | DL DL | hys. Di | irector Phys. | Z | -19-6 | 69 |
| | 9 2 8 2 3 | | 23C. PHYSICIAN'S | 23D. ADDRESS | | Avenue. | | |
| | was r was r A at a prior | | KABERT C THOMPSON | BAL | 1. C(14) | OSPILA | | 1224 |
| | Maria Maria | 24A | BURIAL CREMATION, 24B. DATE / 24C, NAME of CEMETERY OF C | | 24D DOCATION | (City, to | wn, or county | |
| | E TO O C | 12 | REMOVAL (Specily) 2/32/14 / 2/16 Pacin | DVE | 1/30/7 | 1400 | c / | 10 |
| | | 25A | DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C FILNERA | AL DIRECTOR | | O AD | DRESS |
| | This certify the body shows: (1) was D.O., weither a written a | | EEB 24 1969 Rel 65 9 Deligna | 0 B. Tan | 137000 (KI | 2FILF | 13/1/- | to St. |
| | | VS | 50-REV. 1/1/6B | - VITI | 100-10-110 | 10101 | 1 | - , , , |
| | | | | | | | | |



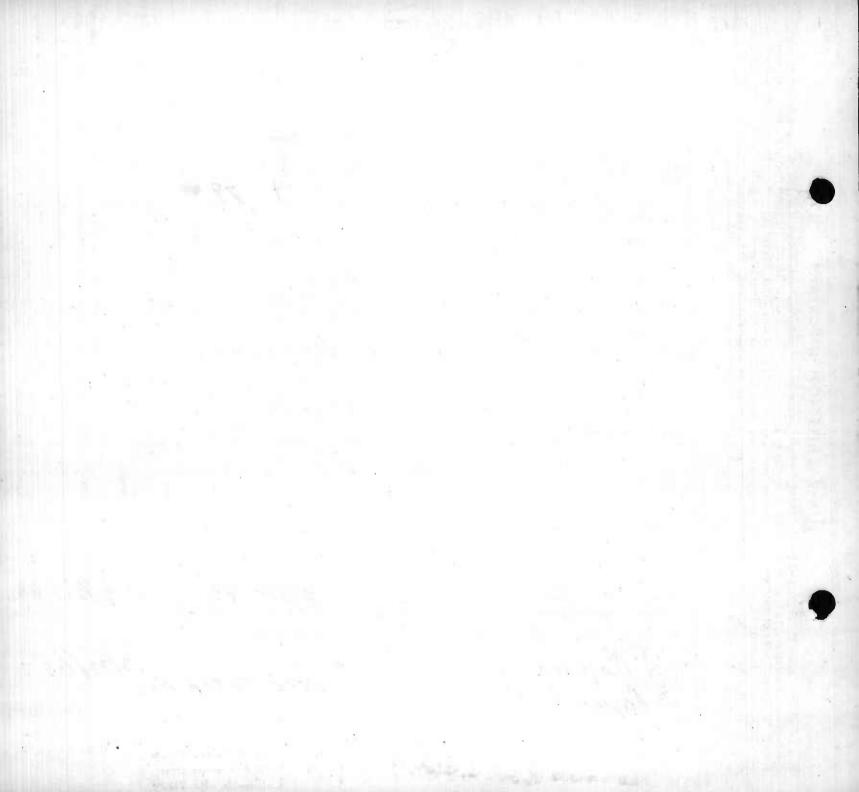
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djs

| BALTIMORE CITY | Y HEALTH DEPARTMENT |
|---|--|
| 69 1942 CERTIFICA | ATE OF DEATH REG. No.69 1942 |
| BIRTH NO. 1, NAME OF DECEASED | 2, DATE AND HOUR OF DEATH |
| (Type or Point) TEVENS, Dorotty, Ida | 2/20/69 4 407 P |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE 8. COUNTY 26-3 |
| HOSPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO |
| 4946 EASTERN AVE. BALTO. MD. 21224 | E. STREET AND NUMBER 5061 WRIGHT NVE. 21205 |
| 5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF SIRTH 9. AGE (In years last birthday) 11/12/16 9. AGE (In years Months) 11/12/16 9. AGE (In years Months) 15/16 16/16 17. If Under 24 Hrs Months 17. If Under 24 Hrs Months 18. Days 19. AGE (In years Months) |
| 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) | 11. BIRTHPLACE tote or foreign country) 12. CITIZEN OF WHAT COUNTR |
| Housewife at home | ARYLAND U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| CRONEY, Ernest. | VAIN, Elle E |
| 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 21 3-16-6003 | "Charmen Stevens, husband, above 21224 BCH: RECORDS 4940 EASTERN AVE. BALTO. MD. |
| 18.7 / CAUSE OF DEAT | |
| DISEASE OR CONDITION DIRECTLY | BETWEEN ONSET AND DEAT |
| LEADING TO DEATH | Use value replacement. 5 hrs. |
| | A CONSEQUENCE OF: |
| | unflacency, stemoris, |
| DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS | S A CONSEQUENCE OF |
| underlying condition last. (c) | \supset |
| 7 | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL | |
| DISEASE OF CONDITION GIVEN IN PART 1 (A). | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED |
| \$2/20/69 Was PERFORMED State illuous e cursufficien | IN CERTIFYING CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE OF CEC.) 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) | in or about 21%. WHERE DID (If In Saltimore City, give exact lacation) |
| O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) While At Wark At Wark | ile 🖸 |
| 22. I certify that (1) (this hospital) attended the deceased from | 2-17-69 1969 to 2-20 1969 |
| that (I) (we) last saw the deceased alive on $2-20$ | 19.6.2 ond that in(my) (our) opinion death occurred on the do |
| and hour and from the causes stated above. (1) (We) (did) (did not) | |
| 23A. SIGNATURE | 23B, DATE SIGNED |
| Heurge Ko | hending Med. Staff The Z/20/69. |
| | 23 BALLIMORE CITY HOSFITALS |
| GEORGE P. KONOK | 4940 EASTERN AVE. BALTO. MD. 21224 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR | |
| Burial 2/24/69 Dulaney Valley I | Mem. Gardens Maryland |
| 25A. DATE REC'D. SY HEALTH, DEPTO 25B. NAME OF REGISTRAN | 25C, FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home |
| |) 33310BreimsoLane 21213 |

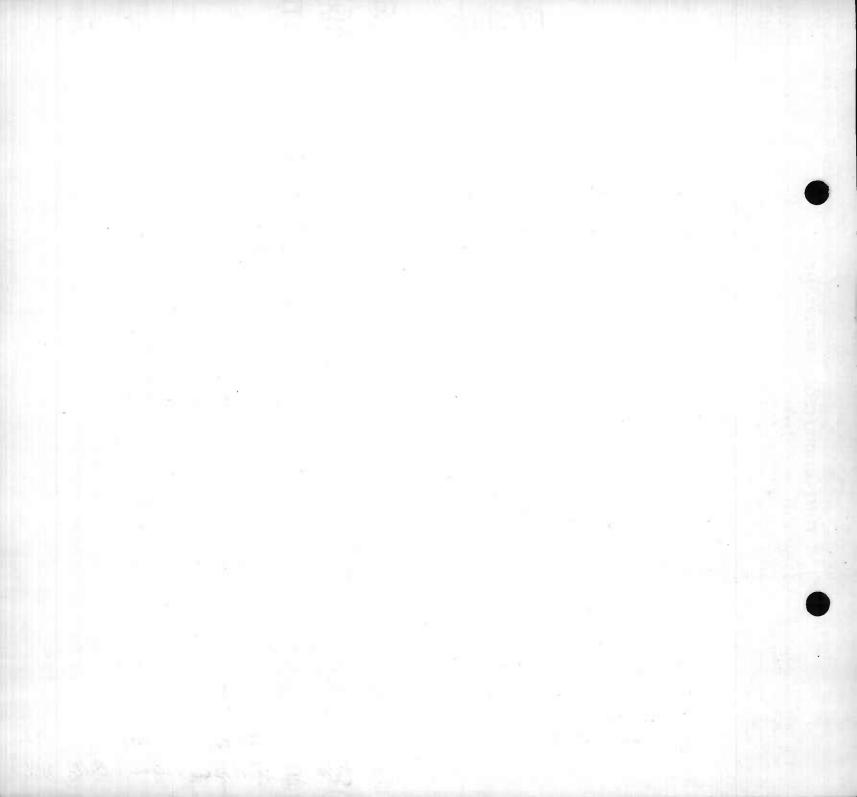


| | CO 4042 BALTI | MORE CITY HEALTH DEPAR | | 00 1010 |
|--|--|---|---------------------------------|--|
| BIRTH NO. | 69 1943 CER | TIFICATE OF DE | ATH REG. NO. | 69 1943 |
| I.NAME OF DECEASED | FITA | S MOTSKO | 2. DATE AND HOUR OF DEA | ГН |
| (Type or Print) . | OTSKO | | 2-22-69 | 11:40 pm. |
| 3. PLACE IN BALTIMORE, MARYL | AND, WHERE PRONOUNCED DEAL | A. STATE | B. COUNTY | institution: residence before admission) |
| FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS O | HOSPITAL OR INSTITUTION, GIVE | STREET SHAM | Nook Nursin | g Hone - Md. |
| INSTITUTION | LOCATION) | D D | | YES NO NO |
| 1 | | E. STREET AND | | YES NO L |
| Denkins M | lemorial He | 50. | | |
| S. SEX 6. RACE | 7. MARRIED NEVER M | ARRIED B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. |
| MIN | | ORCED - 8-2-18 | 84 79 | |
| | d of work 10B, KIND OF BUSINESS O | R INDUSTRY 11. BIRTHPLACE (| State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even it | MINING | UK | RAINE | USA |
| 13. FATHER'S NAME | ***** | 14. MOTHER'S M | | |
| MOT | SKO UNK | ALTERNATION IN | UNK | |
| 15. Was Deceased Ever in U. S. A. (Yes, no or unknown) (II yes, give wa | | Y NO. | | ADDRESS |
| *** | ** 190-0 | 03-3960 John | Motsko 106 Ne | wburg Ave, Catons |
| 18.486X 1 | CAUS | OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDIT | | 0 | 4= 1= 1 | 12/ |
| (This does not meon the n | (A) IM | MEDIATE CAUSE JE TO, OR AS A CONSEQUENCE OF | umoria | 1 1/25, |
| heart failure, asthenia, etc. It | meons the diseose, | it to, on as a consequence | | |
| ANTECEDENT (| AUSES | | | |
| DISEASES OR CONDITION | o, 11 o.1., giving | E TO, OR AS A CONSEQUENCE | OF: | |
| rise to the obove cous | | | | |
| II | (0) | <i>^</i> | 1 . | |
| O OTHER SIGNIFICANT CONDITIO | NS CONTRIBUTING | Varia Boarn | · don deares | 2 1/43 |
| A DISEASE OR CONDITION GIVE | IN PART 1 (A). | ATION 20A. AUTOPSY | VY NEW 208 IF YES WE | F FINDINGS CONSIDERED |
| 19A. DATE OF OPERATION | B. CONDITION FOR WHICH OPER AS PERFORMED | ATION 200A. AUTOPST | IN CERTIFYING | RE FINDINGS CONSIDERED CAUSES OF DEATH? |
| 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE | YING 218 PLACE OF I | NJURY (e.g., in or about 21C. WH ory, street, office bldg., INJURY | ERE DID (If In Boltin | nore City, give exoct focotion) |
| DEATH (notily medical examina | of home, form, foctor | ory, street, office bidg., INJURY | OC CUR? | |
| Q 21 D. TIME (Month) (Dov) | (Yeor) (Hour) 21E, INJURY OC | CURRED 21F. HO | W DID INJURY OCCUR? | |
| OF INJURY (APPROX.) | While At Work | Not While At Work | | |
| 22. I certify that 48 (this h | aspital) attended the deceased | | 20/5790710 | 2/22 19.68 |
| that (1) (we) last saw the | | | | apinian death accurred an the date |
| | es stated abave. (4) (We) (did) | | | |
| 23A. SIGNATURE | 011 | | | 23B DATE SIGNED |
| Rayan | and Alady | Attending Me Phys. Dire | d. Staff Phys. | 9/22/60 |
| 23C. PHYSICIAN'S | - Lance | 23D. ADDRESS | oo Caton | Avo |
| NAME (Type) | do Gladus | Dicare | | 1-6 |
| 24A. BURIAL CREMATION, 24B. E | ATE 24C. NAME of CEM | ETERY OF CREMATORY | 24D. LOCATION | (City, town, or county) (State) |
| Burial Fe | b 25,1969 St. 1 | Bernard's Cemi | Indiana | Danna |
| 25A. DATE REC'D BY HEALTH DE | | 25C. FUNERAL | Indiana | tate ADDRESS |
| ero - 4.19 | 19 00 18 A Jan | 74579 0 1 0 | 1730 Edmondson A | |
| VS 150-REV. 1/1708 | 70.00 | | Catonsville, Nd. 21 | 228 |









MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| BIRTH NO. | REG. NO. |
|---|--|
| I. NAME OF DECEASED | 2. DATE Known Month Doy Year Hour |
| (Type or Print) ALBERT Fulton Lane | DEATH Estimated D February 13.1969 9:45 Am |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Manth Day Year Haur |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) | PRONOUNCED DEAD February 13, 1969 9:45 A. M. |
| HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |
| 723 W. La Fayette Avenue 3rd F1 | A. STATE Maryland B. COUNTY /7-03 |
| 6. SEX 7. RACE 8. MARRIED NEVER MARRIED | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| Male Negro WIDOWED DIVORCED | |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min. | E. STREET AND NUMBER |
| 1-10-1910 last birthday) Months Days Haurs Min. | 723 W. La Fayette Avenue 3rd Floor |
| 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF | 13. FATHER'S NAME |
| Maryland U.S.A. | Andrew Wesley Lane |
| 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR | Y 15. MOTHER'S MAIDEN NAME |
| done during most of working life, even if retired) Auto Polisher Garage | Susie Ann Butler |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | 18. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-10-864 | TRuth Johns 10 Carver St.Anna.Md |
| 19. LL S / V CAUSE OF DEA | APPROXIMATE INTERVAL |
| Macsi | ve intracerebral hemorrhage |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | ve intracerebrar memorrhage |
| (A)IMMEDIATE | CAUSE AS A CONSEQUENCE OF: |
| heort failure, asthenia, etc. It meons the diseose, injury ar camplication which caused death.) | AO A CONGEQUENCE ST. |
| | |
| ANTECEDENT CAUSES (B) | AS A CONSEQUENCE OF: |
| DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE | AS A CONSEQUENCE OF: |
| UNDERLYING CONDITION LAST. | |
| <u>P</u> | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | |
| DISEASE OR CONDITION GIVEN IN PART 1 (A). | ************************************** |
| 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W | /AS PERFORMED 21. AUTOPSY? (Yes or No) |
| | Yes |
| | , in ar obout 22C. WHERE DID (If in Boltimare City, give exact lacation) ce bldg., etc.) INJURY OCCUR? |
| UNDERLYING OR CONTRIB- | 30 510 51, 510 510 510 510 510 510 510 510 510 510 |
| 22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED | 22F. HOW DID INJURY OCCUR? |
| | T WHILE |
| 23. | |
| I certify that I held an Inquiry Inspection A | utopsy X and that on this basis, death in my apinian |
| resulted fram: Natural causes 🔀 Accident 🗌 Suici | de Hamicide Undetermined manner |
| | CHIEF MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE Chars J. Date M. | ASSISTANT MEDICAL EXAMINED IV |
| EXAMINER'S Charles S. Springate, M.D. | AND SHAFF MEDICAL SVAMBUED |
| NAME (Type) | rebluary 13, 1909 |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) | ' or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| | Annapelis A.A. Co.Md |
| Buriol 2-18-1969 Brewer Hill 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS Anna Ma |
| EEB 24 1969 12 0 15 8 For Down | C.E. Hicks, 111 43-45 Northwest St |
| 40000 c' 4000; | O.H. HICKS, III TO TO HOICHWOSE SO |
| VS 151-REV. 1/1/68 | 1 1 9 4 5 |

SHEET HEISTEN TO THE The latest the second of the s AND LES ON LONG STORY OF THE PARTY OF THE PA The state of the s . . . A CALL THE STATE OF THE STATE O Colombres Sassaults Caleful . P. D.

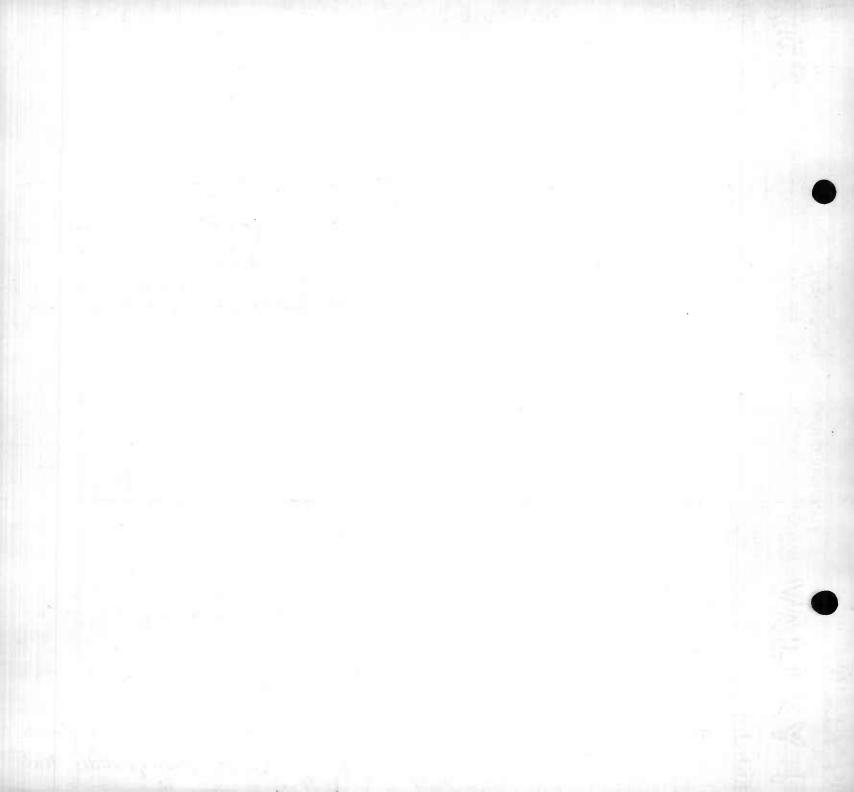
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DIRECTOR:

FUNERAL

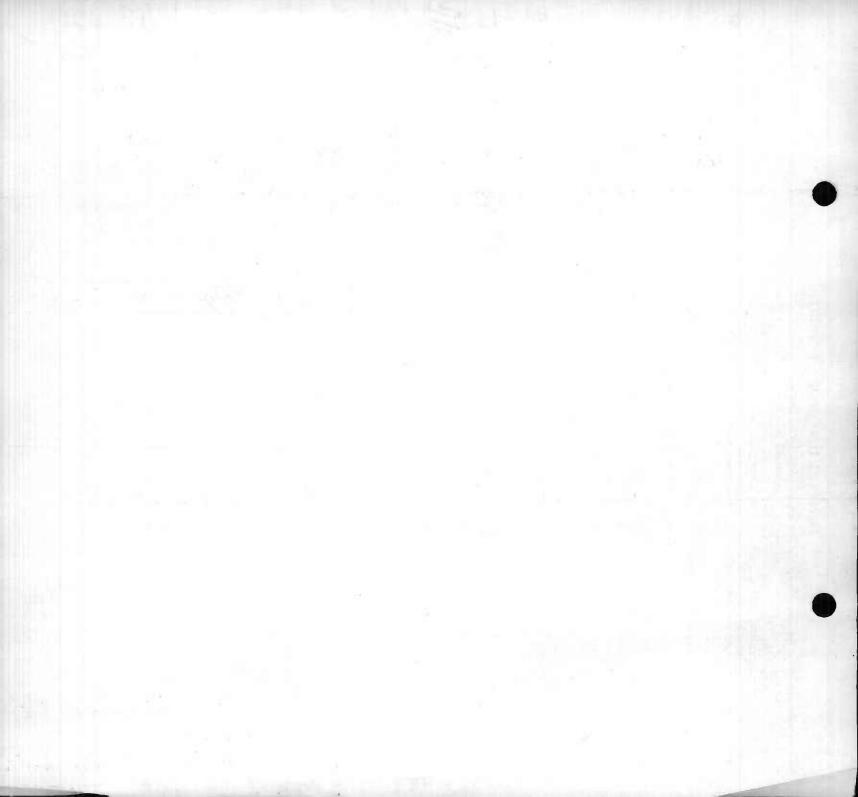
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BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

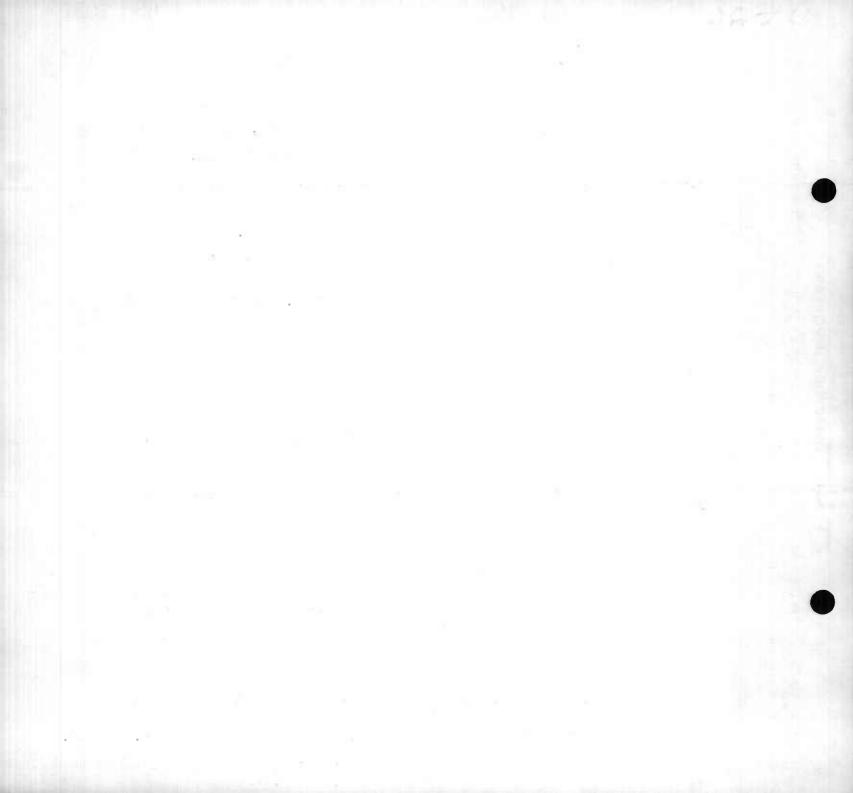
FUNERAL DIRECTOR:

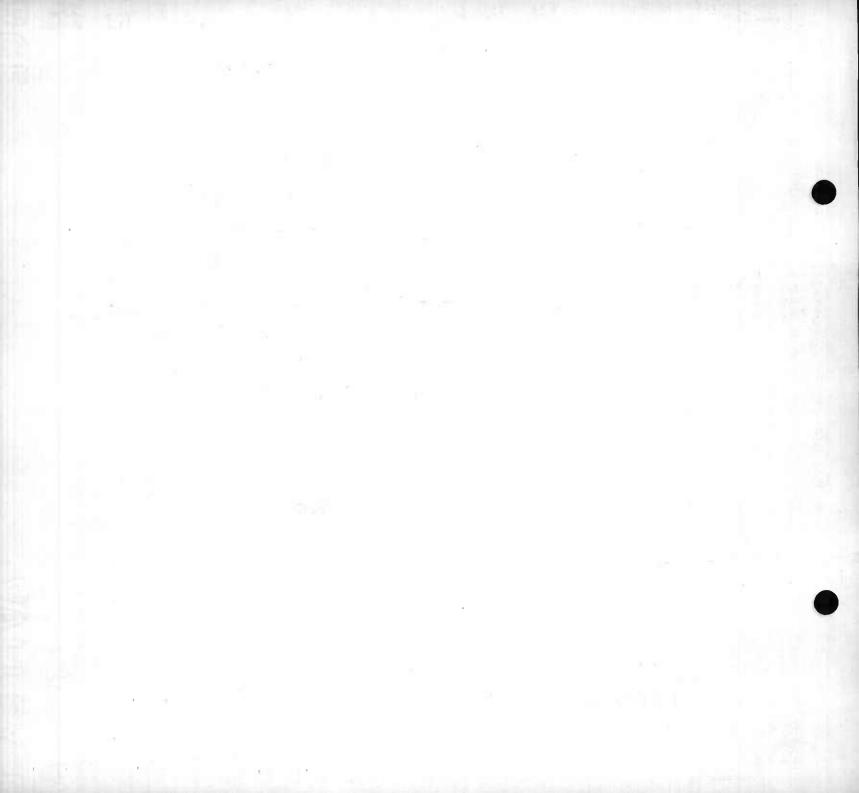


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DIRECTOR:

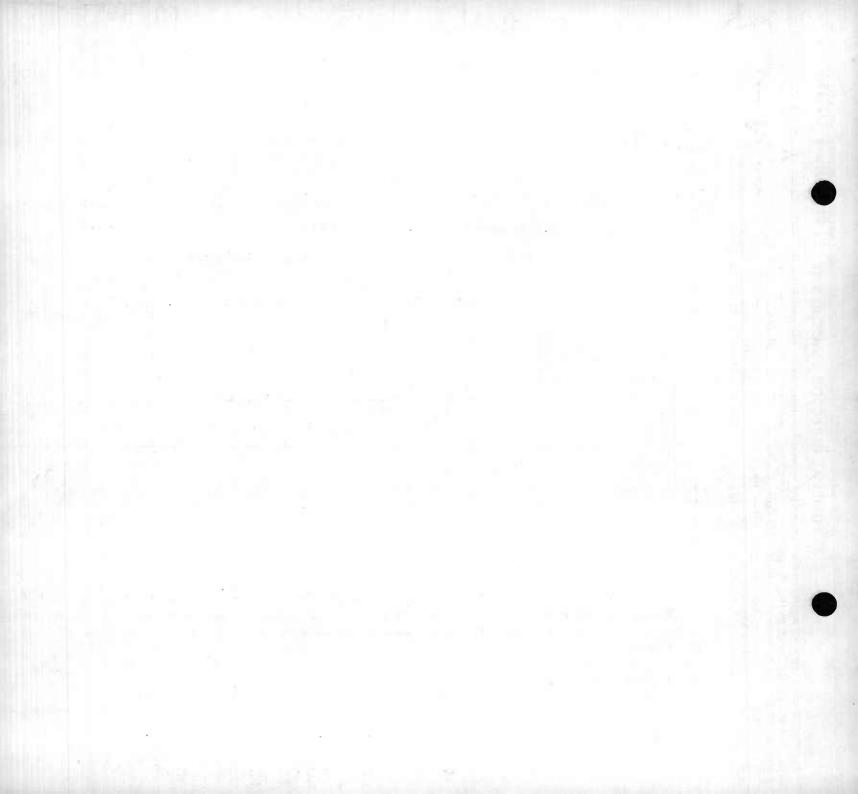
FUNERAL

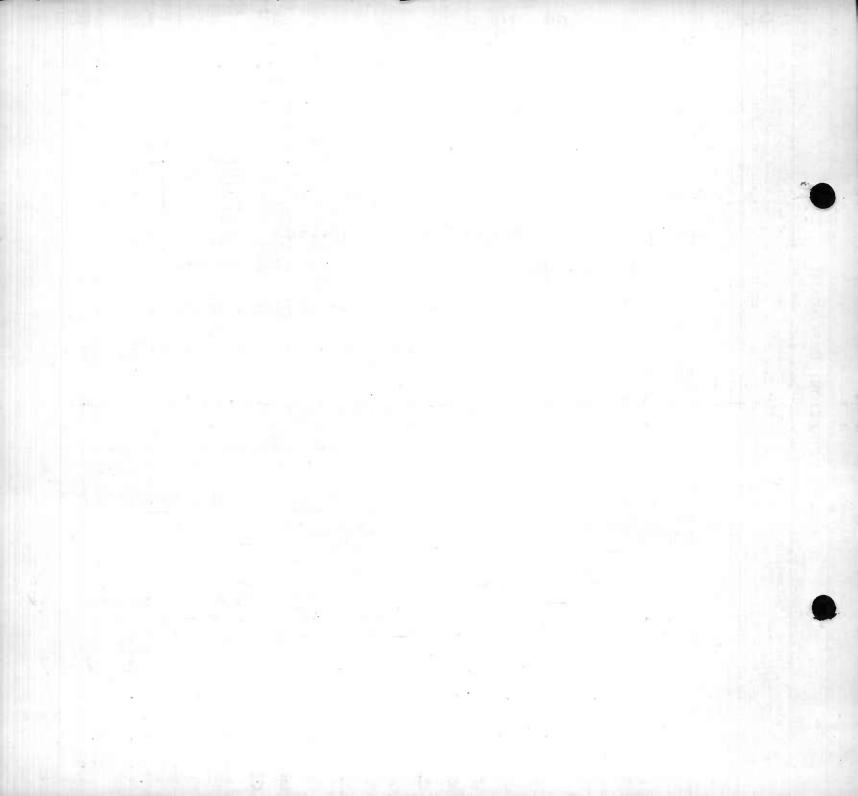




| | | 69 | 195 | 1.5 | HEALTH DEPARTMENT | | 69 1052 | | |
|--------|---|---|-----------------------|------------------------------------|---|------------------------------------|---|--|--|
| | H NO. | | 100 | CERTIFICA | TE OF DEATH | REG. NO | 1333 | | |
| | AME OF DEC | RAUCK, 1 | - da de A | | 2. DATE AI | ND HOUR OF DEATH | 1 25 | | |
| 3. PI | LACE IN BALT | IMORE MARYLAND, W | 20101 | UNCED DEAD | 4. USUAL RESIDENCE (Whe | ere deceased lived. If in | nstitution: residence before admission) | | |
| HOS | LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STREET ADDRESS OR LOCATION) | | | | A STATE B. COUNTY A STATE B. COUNTY C. CITY OR TOWN, D. INSIDE CITY LIMITS? | | | | |
| 38 | 100 | 1 15185 1 4 | Hans | ٧. ا | E. STREET AND NUMBER | | YES NO | | |
| | | 9 | Cose | A | Bollow Hill | Allers inig | NOME | | |
| 5. SE | 9 | 6. RACE | 7- MARRIED WIDOWED | DIVORCED | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Il Under 1 Yr. Il Under 24 Hrs. Manths Doys Hours Min. | | |
| done | during most of w | rorking life, even if retired) | 10B, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or lore | ign country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. F | ATHER'S NAM | - | L | | 14. MOTHER'S MAIDEN NA | ME | 1 (1) | | |
| | FIZAA | ck Rician | (CC | | REGIAL | | | | |
| Yes, | ras Deceased no or unknown) | Ever in U. S. Armed For Ill yes, give wor or dote | ces? s of service) | SECURITY NO. | 17. INFORMANT HUS DAACH | > > | ADDRESS | | |
| 1 | 8. 4 1 4 | 7.21 | | CAUSE OF DEATH | 1 200 4 6/10051 | | APPROXIMATE INTERVAL | | |
| | | OR CONDITION DI | RECTLY | | . 1 | 1 4 | BETWEEN ONSET AND DEATH | | |
| | | LEADING TO DEATH | dving. e.g., | (A) IMMEDIATE CAU | | METERS! | | | |
| - 11 | IThis does not meen the mode of dying, e.g., heart failure, ostherior, etc., it means the disease, injury or complication, which caused death.) | | | | | | | | |
| | ANTECEDENT CAUSES | | | | | | | | |
| 1 | DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| | rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) | | | | | | | | |
| - | | | | | | | | | |
| ATI | O THE DEATH | CANT CONDITIONS COIL BUT NOT RELATED TO THE DIDITION GIVEN IN PAR | IE TERMINAL | ********** | | ********************** | M 00 00 00 00 00 00 00 00 00 00 00 00 00 | | |
| RTIFIC | PADATE OF | OPERATION 19B. CON WAS PERF | DITION FOR V | VHICH OPERATION | 20 A. AUTOPSY? (Yes of No | IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? | | |
| ZA C | PIA. A CCIDEN OR CONTRIBUT DEATH (notily | T WAS UNDERLYING [TING [] CAUSE OF medical examined | 218. hom etc.) | e, farm, foctory, street, oli | n or obout 21 C. WHERE DID ince bldg., INJURY OCCUR? | (II (n Boltimor | re City, give exact location) | | |
| 3 10 | ID. TIME OF INJURY APPROXI | (Month) (Doy) (Yeoi) | | INJURY OCCURRED Not While At Work | 21F. HOW DID INJ | URY OCCUR? | | | |
| 2 | | | | | | | | | |
| 1. | 22. I certify that (1) (this hospital) attended the deceased fram 2-12-69 19 ta 2-19-19 that (1) (we) last saw the deceased alive an 2-19-69 19 and that in (my) (our) opinion death accurred an the dote | | | | | | | | |
| a | and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. | | | | | | | | |
| 2: | 23A. SIGNATURE 23B. DATE SIGNED | | | | | | | | |
| | | AM | FOR 1 | DEGREE Phys | nding Med. Director | Staff Phys. | 2-19-69 | | |
| 2 | NAME (Ty | rs pel | AHA | 1 MM | 3D. ADDRESS | Yv Hos | sedal | | |
| 24A. | BURIAL CREA REMOVAL (S) | AATION, 248, DATE DECILY) 2-22 | 0 . 1 | ME of CEMETERY OF CRE | | Bueto | ity, town, or county) (State) | | |
| 25A. | DATE REC'D | B 24 1969 | 258 NAME O | F REGISTRAR | 25C. FUNERAL DIRECTOR | loffmann | 3218 Hidson | | |
| VS 15 | 50-REV. 1/1/6 | - V. | KNOW G | 10000 | 3 | UU | -90 | | |







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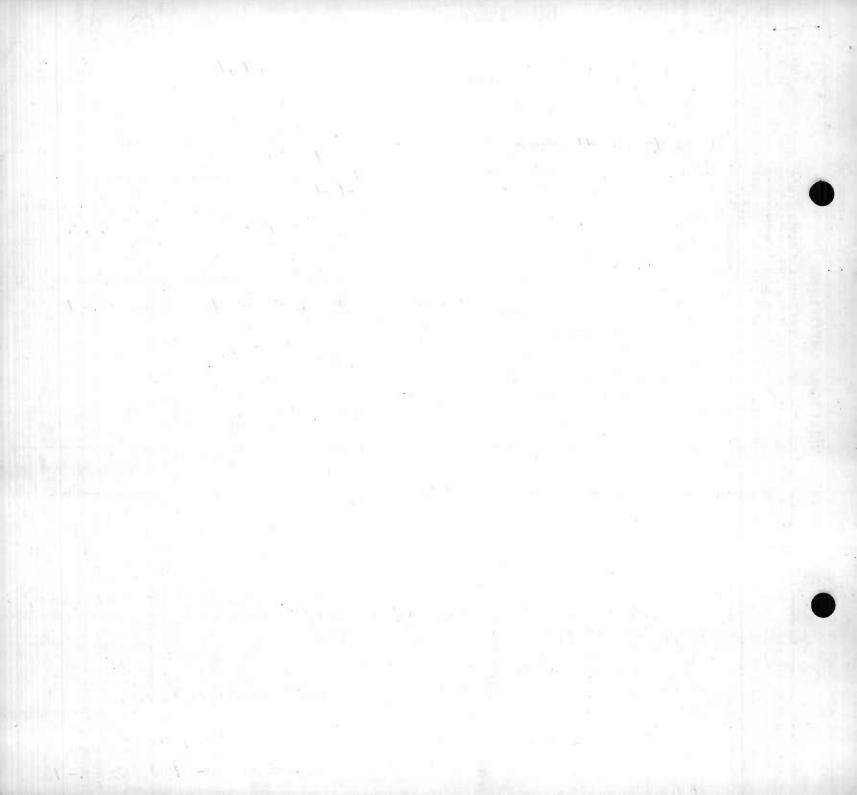
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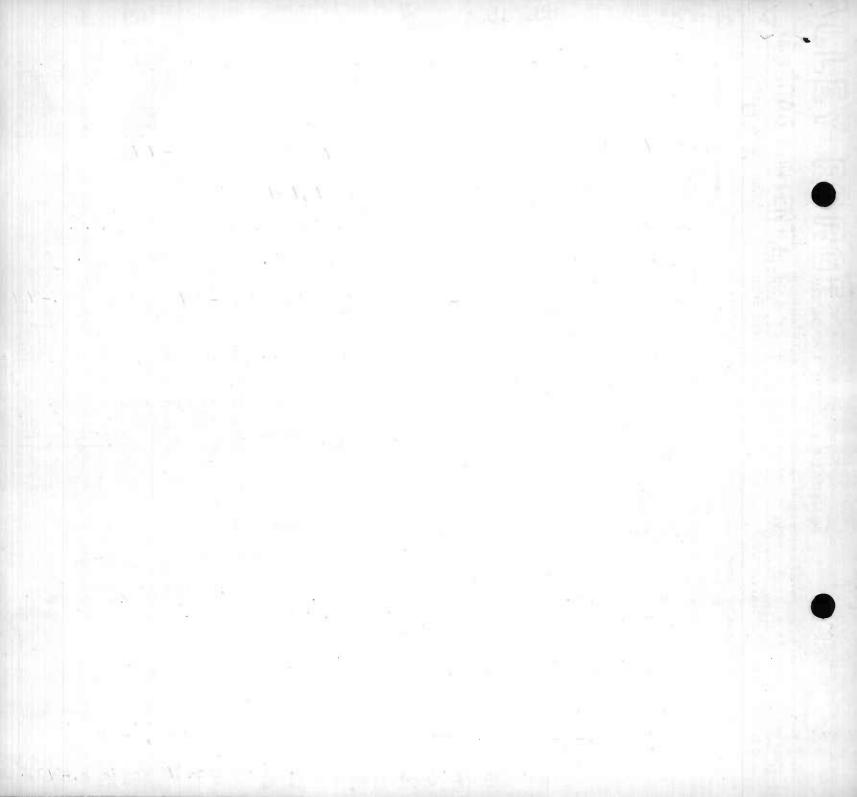
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| 12. CITIZEN OF WHAT CO | | |
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| 1100 9 000 | | |
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| 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| City - transport to the city | | |
| City, give exact location) | | |
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| 23B. DATE SIGNED | | |
| 23B. DATE SIGNED 2/20/69 | | |
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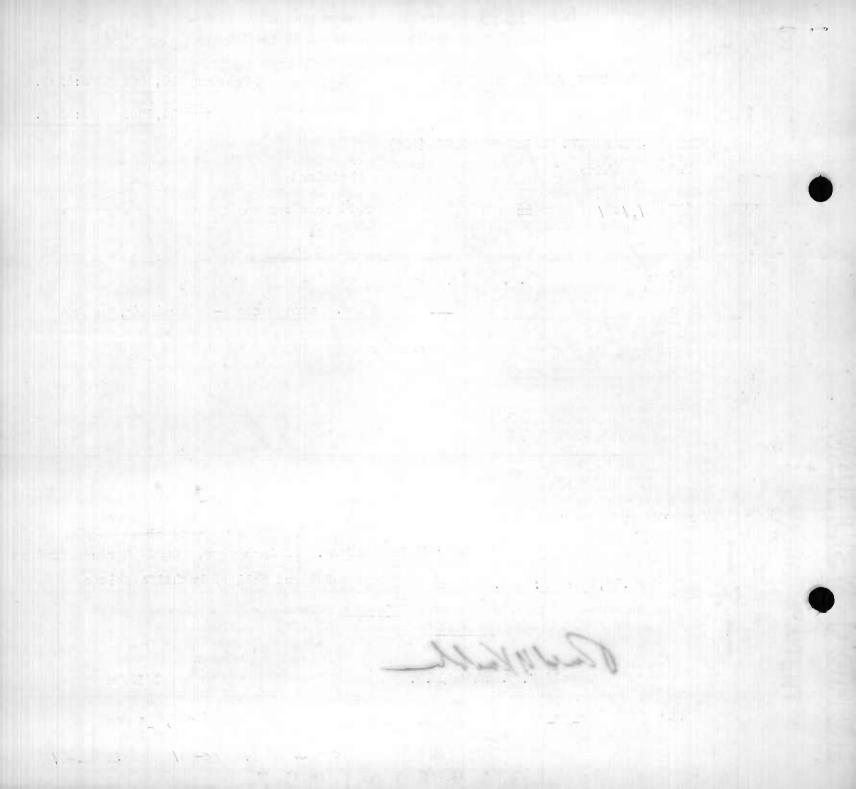
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| FUNERAL DIRECTOR: IMPORTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and | the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death | shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such | written approval must be obtained before the remains are embalmed or final disposition is made. | |
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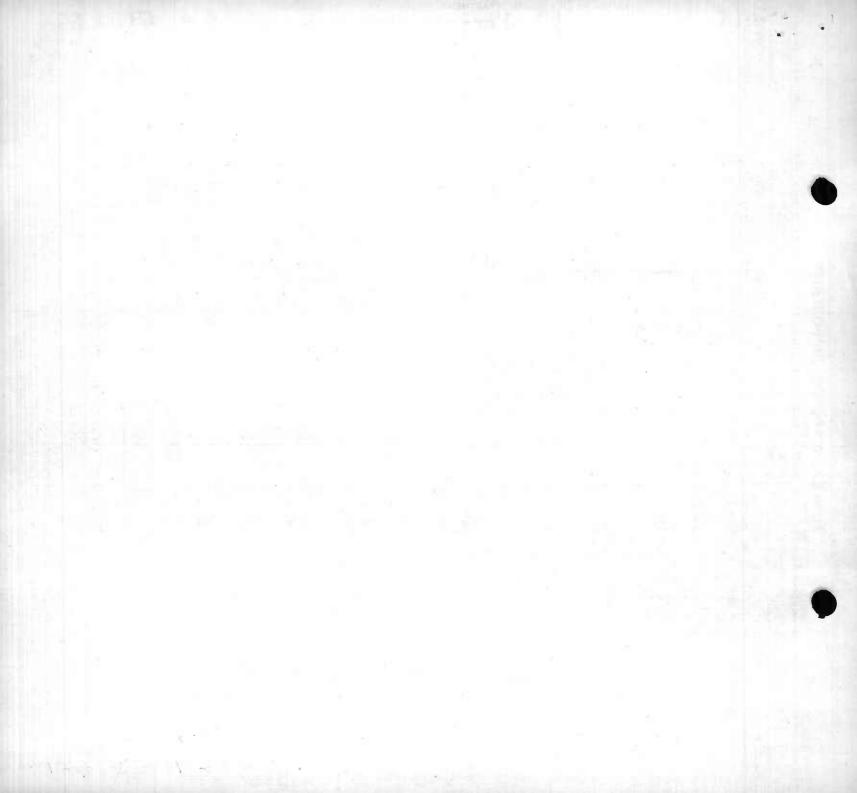
| 1. N.A (Type | AME OF DECEASED o ar Print) Emma H. Hutscher PLACE IN BALTIMORE, MARYLAND, WHERE | | DEAD | 4. USUAL RESIDENCE (When | D HOUR OF DEAT | 1969 Institution: re | 7:25 P. M |
|-----------------------|--|--|---|--|------------------------------------|----------------------------|--|
| HOS | LL NAME OF SPITAL OR ADDRESS OR LOCATION) | | GIVE STREET | c. CITY OR TOWN Baltimore | | VSIDE CITY LIV | |
| 0 | 03614 Crossland Avenu | ue | | E. STREET AND NUMBER, 3614 (ross las | nd Avenue | -21213 | |
| | Female White WID | ARRIED NEV | DIVORCED | June 13, 1891 | 9. AGE (In years lost birthday) | | Doys Hours Min. |
| done | usual occupation (Give kind of work) 108. Ke during most of working life, even if refired) | KIND OF BUSIN | ESS OR INDUSTRY | Baltinorelary | | | EN OF WHAT COUNTRY U.S.A. |
| 13. F | FATHER'S NAME George Kappler | | | 14. MOTHER'S MAIDEN NAM Catherine | | | |
| S. W Yes, | Was Deceased Ever in U. S. Armed Farces? ,na or unknown) (If yes, give wor or dates of s | service) 16. SO | CIAL CURITY NO. | 17. INFORMANT Wilhelmina Wrig | ght - 3614 | Crossl | ADDRESS land Ave212 |
| | LEADING TO DEATH (This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury or complication which caused death | | (A) IMMEDIATE CAL DUE TO, OR AS | A CONSEQUENCE OF: -Vascular Hype | | | 3 minutes |
| ATION | (This daes not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) | g, e.g., disease, h.) giving ng the BUTING RMINAL | (B) Carfis DUE TO, OR AS | -Vascular Hype A CONSEQUENCE OF HE LINES CONSE | Lensine B | | 3 minutes 5 years 5 years |
| ATION | (This daes not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) statist UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TER | g, e.g., disease, h.) giving ng the BUTING RMINAL A.I. FOR WHICH | (B) Carfis DUE TO, OR AS | V | Lensine B | LI PARE | 3 minutes 5 years 5 years CONSIDERED DEATH? |
| L CERTIFICATION | (This daes not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINATE OF CONDITION GIVEN IN PART 1 (A) 19A.DATE OF OPERATION 119B. CONDITION | g, e.g., disease, h.) giving ng the BUTING RMINAL N FOR WHICH | (B) Carfis DUE TO, OR AS (C) CLY | -Vascular Hype A CONSEQUENCE OF HE LINES CONSE | 208. IF YES, WER | RE FINDINGS CAUSES OF D | 3 minutes 5 years 5 years considered exact lacation) |
| MEDICAL CERTIFICATION | (This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TEAT | g, e.g., disease, h.) giving ng the BUTING RMINAL A). DIN FOR WHICH LED 21B. PLACE home, form, etc.) | (B) Carfis DUE TO, OR AS (C) CLY | 20A. AUTOPSY? (Yes ar Na in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? | 208. IF YES, WER IN CERTIFYING C | RE FINDINGS CAUSES OF D | DE ATH? |
| MEDICAL CERTIFICATION | (This daes not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITION S CONTRIBUTOR TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Horofin In Inc.) 21D. TIME (Manth) (Day) (Year) (Horofin Inc.) 22. I certify that (I) (the lost of the control of | g, e.g., disease, h.) giving ng the BUTING RMINAL N FOR WHICH LED 21B. PLACE home, form, etc., While A1 Wark ended the decive an | OPERATION OF INJURY (e.g., i foctory, street, o Y OCCURRED Not Whith At Work eased fram Lucy 19 | 20A. AUTOPSY? (Yes ar Na in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? | 208. IF YES, WER IN CERTIFYING C | RE FINDINGS CAUSES OF D | ne exact lacation) |
| MEDICAL CERTIFICATION | (This daes not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TENTE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Manth) (Day) (Year) (Horofin) (APPROX.) | g, e.g., disease, h.) giving ng the BUTING RMINAL N FOR WHICH LED 21B. PLACE home, form, etc., While A1 Wark ended the decive an | OPERATION OF INJURY (e.g., i foctory, street, o Y OCCURRED Not Whith At Work eased fram (did) (did) (did) | 20A. AUTOPSY? (Yes ar Na in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJule 19 6 9 and the view the bady after death. | 208. IF YES, WER IN CERTIFYING C | RE FINDINGS CAUSES OF D | ne exact lacation) |



69 1959

| MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG. NO. 1333 | | | | | | |
|---|---|--|--|--|--|--|--|
| 1. NAME OF DECEASED (Type or Print) ADALBERT JAKOB SCHOLZEN | 2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted February 16,1969 6:45 P. M. | | | | | | |
| 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3. DATE Month Doy Yeor Hour | | | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | PRONOUNCED DEAD February 16, 1969 6:45 Pe M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) | | | | | | |
| INITED STATES PUBLIC HEALTH HOSPITAL (DOA) | A. STATE B. COUNTY | | | | | | |
| 6. SEX Male 7. RACE White B. MARRIED NEVER MARRIED | Rheinland | | | | | | |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hr. | YES NO | | | | | | |
| 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. | 5531 Densborn | | | | | | |
| 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | 13. FATHER'S NAME | | | | | | |
| 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST | DY 15 MOTHER'S MAIDEN NAME | | | | | | |
| done during most of working life, even if refired) S. S. Matilda Boltes | | | | | | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no pr unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. | 18. INFORMANT ADDRESS | | | | | | |
| 10 CAMES OF DE | Capt. Inwen Baczola- Miumistir, Germany | | | | | | |
| 19. E 832. / I CAUSE OF DE | BETWEEN ONSET AND DEATH | | | | | | |
| DISEASE OR CONDITION DIRECTLY Drowni | | | | | | | |
| (This does not mean the mode of dying, e.g., DUE TO, OF | (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., (DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.) | | | | | | | |
| ANTECEDENT CAUSES (R) | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | R AS A CONSEQUENCE OF: | | | | | | |
| UNDERLYING CONDITION LAST. | | | | | | | |
| | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V | | | | | | | |
| 208. CONDITION FOR WHICH OPERATION | NAS PERFORMED 21. AUTOPSY? (Yes or No) Yes | | | | | | |
| 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. | ., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) | | | | | | |
| 22A. EXTERNAL CAUSE WAS UNDERLYING ▼OR CONTRIB- UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off Dundalk Ma 22D. TIME (Month) (Dov) (Year) (Hour) (22E INJURY OCCURREE | fice bldg., etc.) INJURY OCCUR? | | | | | | |
| OF INJURY | 22F. HOW DID INJURY OCCUR? | | | | | | |
| (APPROX.) Feb. 16, 1969 5:40 Pm. WORK | Subject fell of Mathilda Bolton | | | | | | |
| 23. I certify that I held on Inquiry Inspection A | ond that on this bosis, death in my opinion | | | | | | |
| | ide Homicide Undetermined manner | | | | | | |
| | CHIEF MEDICAL EXAMINER | | | | | | |
| SIGNATURE CANAL MANAGEMENT | DATE SIGNED | | | | | | |
| EXAMINER'S Ronald N. Kornblum, M.D. | ASSOCIATE MEDICAL EXAMINER 2/17/69 | | | | | | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER | | | | | | | |
| REMOVAL (Specify) 2-20-69 Partwood (e | eter" Baltirore, ryland | | | | | | |
| 25A. DATE RECOUNT HEALTH DEPT.) 258, NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS | | | | | | |
| Towns E. Jakens | John C. Miller Inc-415 Belgin Rd21200 | | | | | | |





| BIRT | H NO. | 69 | 1961 | | HEALTH DEPARTMENT | REG. NO | 69 : | 1961 |
|-------|---|--|--------------------------|--|--|--|----------------------------|---|
| 1, N | ME OF DECEAS | GUERKE, | DANIEL | W. | | UARY 20, | | 12:30P |
| 3. P | LACE IN BALTIM | ORE, MARYLAND, W | | | 4. USUAL RESIDENCE (Wh | ere deceased fived th | | A.A. |
| HO: | L NAME OF PITAL OR ITUTION | (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTITU ATION) | TION, GIVE STREET | MARYLAND C. CITY OR TOWN | Ball | | 53-02 |
| 4 | 19 | ST. AGNE | ES HOSP | ITAL | BALTIMORE E. STREET AND NUMBER 1704 STELLA | COURT 2 | YES [] | № □ |
| 5. SE | LE WH | ITE | WIDOWED | | 8. DATE OF BIRTH 07/14/87 | 9. AGE (In years tast birthday) | | Yr. If Under 24 Hrs. Min. |
| RE | TIRED RI | ing life, even il refired) | 1 | CK CO | MARYLAND | eign country) | U.S. | OF WHAT COUNTRY? |
| F | RANCIS (| | | | SARAH (NEE J | | RKE | |
| | os Decoosed Eveno of unknown) (II | r in U. S. Armed For yes, give wor or dote | | 16. SOCIAL SECURITY NO. 19-10-9099 | ST. AGNES H | IOSPITAL R | | DDRESS |
| 1 | | R CONDITION DIP | RECTLY | CAUSE OF DEAT | | | BETV | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | This does not meen the mode of dying, e.g., head foilure, asthenio, etc. It meens the disease, injury or complication which coused death, I | | | | | | | |
| | ANTECEDENT CAUSES | | | | | | | |
| | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove cause (Al stating the UNDERLYING CONDITION last. (C) | | | | | | | |
| NTION | O THE DEATH BU | II NI CONDITIONS COL II NOT RELATED TO TH | HE TERMINAL | *************************************** | | | | |
| | | ERATION GIVEN IN PAR PERATION 198 CON WAS PERF | DITION FOR W | HICH OPERATION | 20A. AUTOPSY? (Yes or N | o) 208, IF YES, WERE IN CERTIFYING CA | FINDINGS CO USES OF DEA | NSIDERED TH? |
| CAL | IA. ACCIDENT WORLD CONTRIBUTION OF ATH (notify med | VAS UNDERLYING COLOR CAUSE OF CAUSE OF | 21 B. (home etc.) | PLACE OF INJURY (e.g., ir , form, foctory, street, of | or ebout 21 C. WHERE DID | (If In Boltimo | re City, give ex | oct locotion) |
| 3 0 | ID. TIME (MO F INJURY APPROX.) | onthi (Doy) (Year) | | NJURY OCCURRED Not White At Work | 21F. HOW DID IN | JURY OCCUR? | | |
| 2 | 22. I certify that (I) (this hospital) attended the deceased from FEBRUARY 6 19 69 to FEBRUARY 20 19 69 | | | | | | | |
| 0 | and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. | | | | | | | |
| | Attending Med. Staff 23B. DATE SIGNED 23B. DATE SIGNED 2-20-69 | | | | | | | |
| 2 | NAME (Type) | hame M D | | | ST. AGNES HOS | | LAND 2 WILKE | |
| 24A. | BURIAL CREMAT REMOVAL (Speci | | 24C. NA | ME of CEMETERY OF CRE | | | ity, town, or co | |
| | rial | | 4,69 La | keview Memori | ak Park Syl | kesville, Ma | | ADDRES\$ |
| | FFB 60-REV. 1/1/68 | 2 4 1969 M | 0. 5 8 | Farburna | Loring Byers | | | |



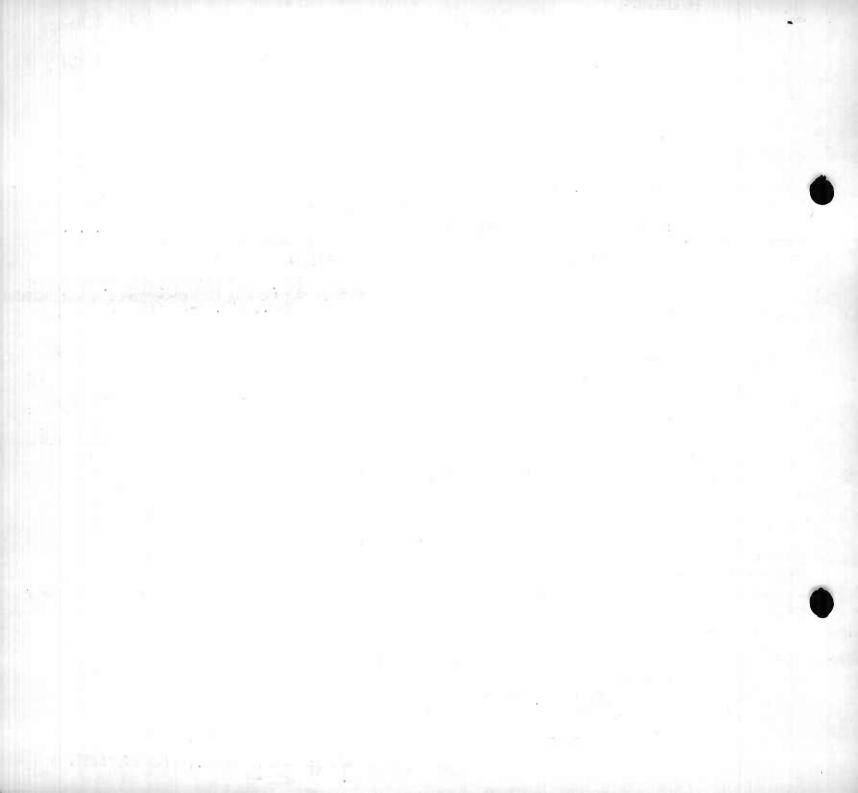
IMPORTANT

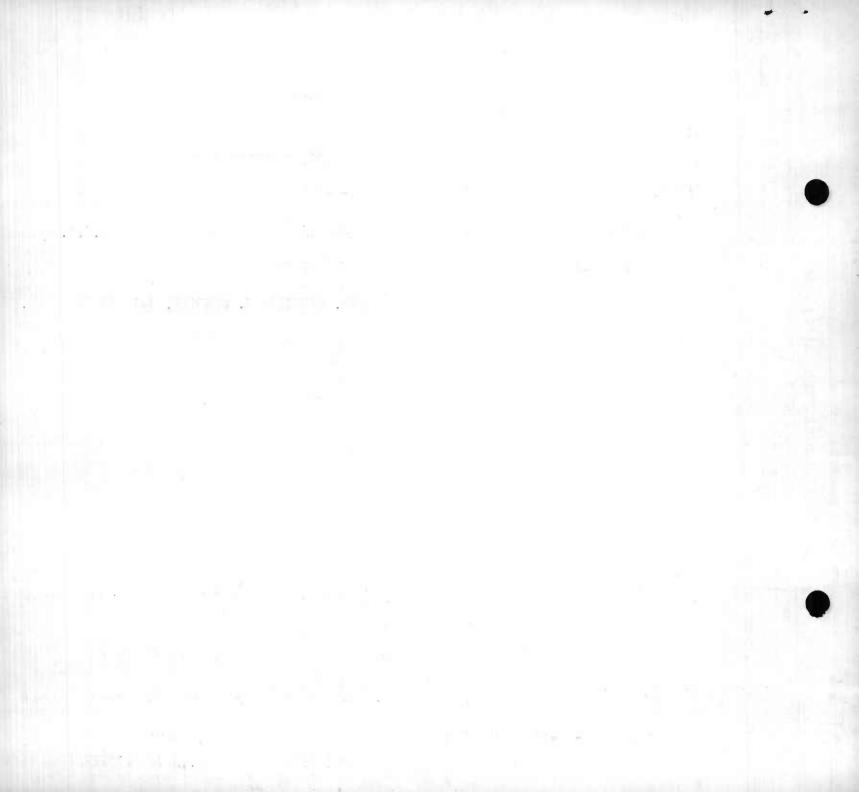
DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

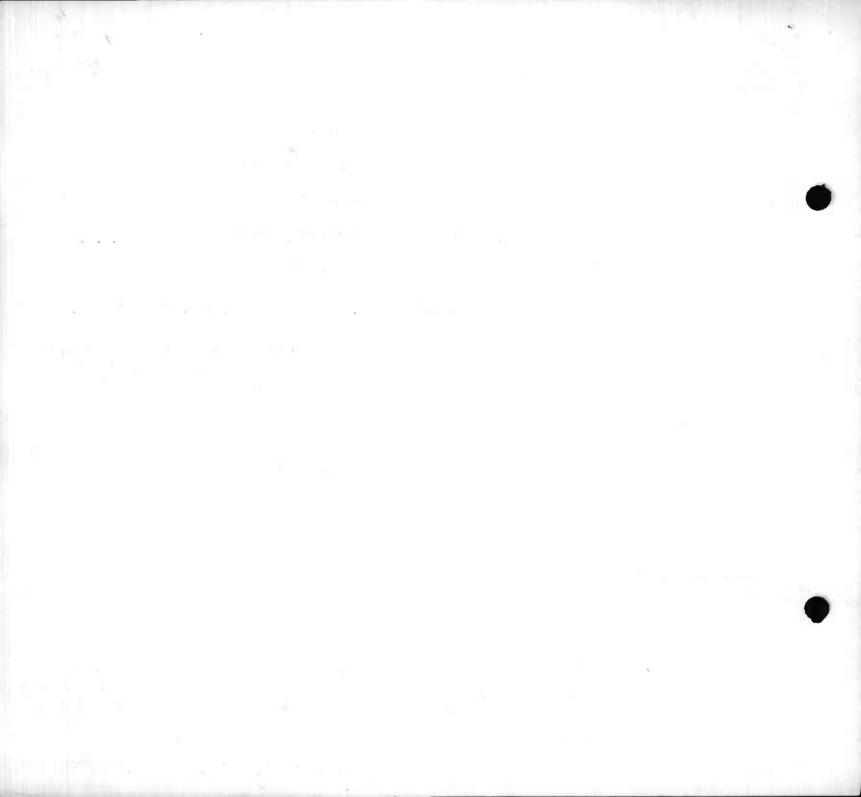
BALTIMORE CITY HEALTH DEPARTMENT



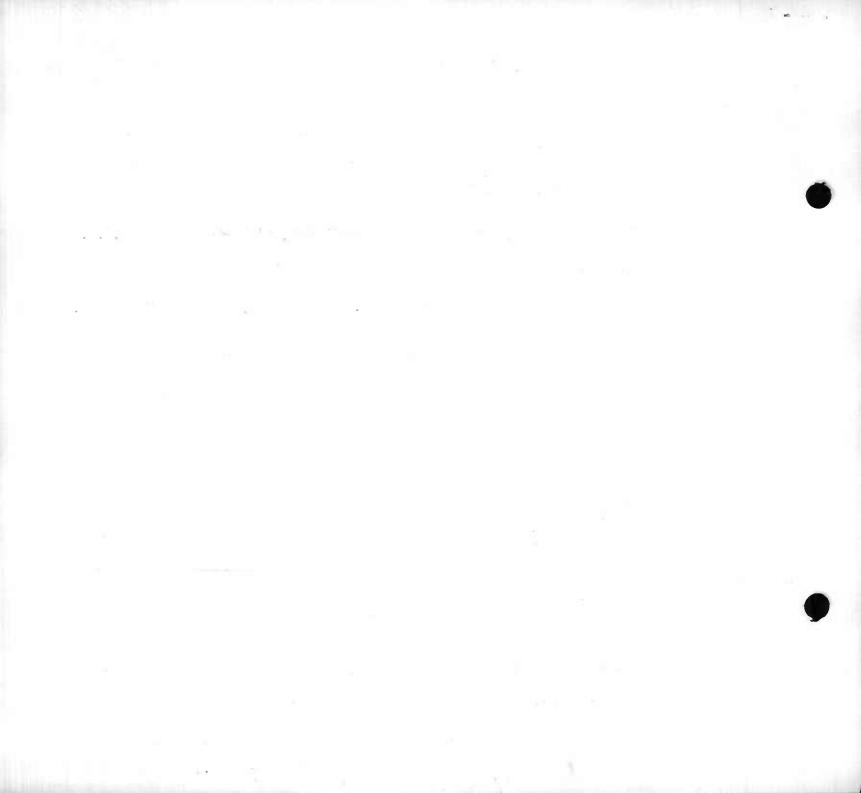


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

| В | 60 4066 | THEALTH DEPARTMENT REG. No. 69 1965 | | | | | |
|------------|--|--|--|--|--|--|--|
| | NAME OF DECEASED YPE OF PRINTIP WINDEL HYMAN | 2. DATE AND HOUR OF DEATH | | | | | |
| F | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION | 4. USUAL RESIDENCE (Whole deceased flived, If institution: residence before admission) MARY LAND C. CITY OR TOWN | | | | | |
| 1 | Sinai HOSPITAL OF BALTIMORE. | BALTIMORE E. STREET AND NUMBER 5415 PRICE AVENUE | | | | | |
| | SEX MALE 6. RACE WHITE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED | 8. DATE OF BIRTH 9. AGE (In yoors last birthday) 1 If Under 1 Ye. If Under 24 Hrs. Months: Doys Hours Min. | | | | | |
| do | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working file, even if refired) | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| 13 | FATHER'S NAME ISAAC MINDEL | BALTIMORE, MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME REBECCA MINDEL | | | | | |
| 15. (Y. | Was Doceased Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS MR. CHARLES MINDEL, 5723 UFFINGTON RD. #21209 | | | | | |
| | DISEASE OF CONDITION DIRECTLY | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE (Intervallent the Hent In) Sylan, DUE TO, OR AS A CONSEQUENCE OF: The the mysteriating influenting influ | | | | | | |
| | | A CONSEQUENCE OF: | | | | | |
| ATION | DISEASE OR CONDITION GIVEN IN PART 1 (A) | ts Mellitus | | | | | |
| ERTIFIC | 198- CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| CALC | 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, fociory, street, affi | or obout 21C. WHERE DID (If In Boltimore City, give exoct location) | | | | | |
| MEDI | 210.TIME (Month) (Doy) (Yeot) (Haud) 21E INJURY OCCURRED While At Mork At Work | 21F. HOW DID INJURY OCCUR? | | | | | |
| | 22. I certify that (I) (this hospital) attended the deceased from Feb 19 19 69 to Feb 19 19 69 that (I) (we) last saw the deceased give an Feb 17 19 69 and that In(my) (our) apinian death accurred an the date | | | | | | |
| | and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. | | | | | | |
| | Sul muth | ding Med. Staff 22/19/69 | | | | | |
| | 23C. PHYSICIAN'S NAME (Typo) SOI SMITH. | 3502, W. Rugers one Back mg | | | | | |
| | REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREA | (Sible) | | | | | |
| 25A | BURIAL 2-20-69 MIKRO KODESH BETH DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 1969 | 25C. FUNERAL DIRECTOR SOL LEVINSON, & BROS., 6010 REISTERSTOWN ROAD | | | | | |
| VS | 150-REV- 1/1/68 | | | | | | |



| | F-GIC BAL | TIMORE CITY | HEALTH DEPARTMENT | | 69 1966 | | | |
|------------|--|---------------------|---|---|---|--|--|--|
| BI | RTH NO. GO 1966 CE | RTIFICA | TE OF DEATH | REG. NO. | | | | |
| | NAME OF DECEASED | | 2. DATE A | ND HOUR OF DEATH | | | | |
| | Anna B. Tarber | | | 1:20 P.C | 1. 2/18/ (a | | | |
| 11 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE | | 4. USUAL RESIDENCE (Who | re deceased lived. Il inst | itution: residence peforo odmission) | | | |
| H | ULL NAME OF OSPITAL OR INSTITUTION, GIV OSPITAL OR ADDRESS OR LOCATION! | E STREET | C. CITY OR TOWN | D. INSID | E CITY LIMITS? | | | |
| | 42 Sivai Kospital | | BULFO E. STREET AND NUMBER | | YES NO 🗌 | | | |
| | V. | | 37051/2 | Marmon | ave | | | |
| 5. | SEX 6. RACE 7. MARRIED NEVER | MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Il Under 1 Yr. Il Under 24 His. Months Doys Hours Min. | | | |
| 10. | A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS ne during most of working life, even if retired) | OR INDUSTRY | 11. BIRTHPLACE (State or lore | ign country! | 12. CITIZEN OF WHAT COUNTRY? | | | |
| | HOUSEWIFE AT HOME | | BALTIMORE, MAI | RYLAND | U.S.A. | | | |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | | | | |
| | LOUIS SCHWARTZ | | IDA BLOCK | | | | | |
| 15. (Ye | Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL | | 17. INFORMANT | | ADDRESS | | | |
| н | NO 220-3 | | MR. HARRY FARBEI | R, 3705 1/2 M | ARMON AVE. #21207 | | | |
| | | SE OF DEATH | | | APPROXIMATE INTERVAL | | | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | R | relan Retore | 7 | SETWEEN ONSET AND DEATH | | | |
| | (This does not mean the made of duing a (A). | MEDIATE CAU | A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: | | | | | |
| | injury or complication which coused death.) | 0 1 | 0 1 | | | | | |
| | ANTECEDENT CAUSES | Cerele | est acterios | claris | | | | |
| | rise to the obove couse (A) stating the | | | | | | | |
| | UNDERLYING CONDITION lost. (C) | | | | | | | |
| z | II | | | | | | | |
| ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | | | | |
| ERTIFIC | 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPER | ATION | 20A. AUTOPSY? (Yes or No. | 208, IP YES, WERE FIN IN CERTIFYING CAUS | IDINGS CONSIDERED ES OF DEATH? | | | |
| U | I home torn, local | NJURY (e.g., in | or about 21 C. WHERE DID | (If In Baltimore C | City, give exoct location) | | | |
| JICAL | 21D. TIME (Month) (Day) (Year) (Hand 21E IN HIRY OF | | | | | | | |
| MEDI | 21D. TIME (Month) (Doy) (Yeon) (Houn) 21E. INJURY OC (MPROX.) | CURRED Not White | 21F. HOW DID INJU | JRY OCCUR? | | | | |
| | Work Work | At Work | | _ (| 1 | | | |
| | 22. I certify that (I) (this hospital) attended the decease that (I) (we) last saw the deceased alive on | d from | | 9 <u>64</u> to | 7 19 68 | | | |
| | | 1 / | 7ond the | t in (my) (our) apinlo | on deoth occurred on the date | | | |
| | ond hour and fram the couses stoted abave. (i) (We) (dld) | (did not) vi | ew the body ofter deoth. | los | n part signed | | | |
| | Jack of la un | Atten Phys. | ding Med. | Staff Phys. | 2 8 69 | | | |
| | 23C. PHYSICIAN'S | DEGKEE | BD. ADDRESS | | 110 / 0 / | | | |
| | JACK WEXLER | OEGREE | SINAI HOSPITAL | • | ' (| | | |
| 24A | REMOVAL (Specily) 24B, DATE 24C. NAME of CEM | ETERY OF CREA | | | town, or county) (State) | | | |
| | BURIAL 2-19-69 HEBREW YOU | | BALT | IMORE, MARYL | AND | | | |
| 25A | DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL | Day MA | SOL LEVINSON | BROS.,6010 | REISTÉRSTOWN ROAD | | | |



RGB

| 15 | BALTIMORE CI | TY HEALTH DEPARTMENT | | | | | |
|--------------------|--|---|--|--|--|--|--|
| | BIRTH NO. 69 1967 CERTIFICA | ATE OF DEATH REG. NO. 69 1967 | | | | | |
| | 1. NAME OF DECEASED | 2. DATE AND HOUR OF DEATH | | | | | |
| | Walter Donald Kotchenreuther | Feb. 19, 1969 8 A M | | | | | |
| | 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY | | | | | |
| | FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! | Md. /-02 | | | | | |
| 2] | US Public Health Service Hospital | C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES IX NO [| | | | | |
| 0 | 3100 Wyman Parkway | E. STREET AND NUMBER | | | | | |
| 1 6 | | 617 S. Curley Street | | | | | |
| made | 5. SEX 6. RACE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED | 9/11/46 lost brustay) Months Doys Hours Min. | | | | | |
| n is | 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI | IT 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY | | | | | |
| disposition | Laborer Steel | Md. USA | | | | | |
| 00 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | |
| lisp | Albert Kotchenreuther | Mary Yost | | | | | |
| - | 15. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS | | | | | |
| final | No 218-44-6831 | Records US PHS Hospital, Balto, Md. | | | | | |
| 0 | 18. CAUSE OF DEA | TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| . 11 | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Bronchopneumonia Days | | | | | |
| embalmed | (A) IMMEDIATE CA | AUSE DE CATOLOGIC DE LA CONSEQUENCE OF: | | | | | |
| pqu | heart failure, aslhenia, etc. It means the disease, injury or complication which caused death.) | | | | | | |
| | ANTECEDENT CAUSES H | istory of lymphosarcoma 10 mos. | | | | | |
| are | DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the | S A CONSEQUENCE OF: | | | | | |
| ns (| UNDERLYING CONDITION last, (C) | | | | | | |
| ā | z II | | | | | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | | |
| he l | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION WAS PERFORMED 214-A ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY IS CO. | 20A. AUTOPSY? IYes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| 0 | WAS PERFORMED | yes IN CERTIFYING CAUSES OF DEATH? | | | | | |
| before the remains | OR CONTRIBUTING TICATION | in or obout 21C. WHERE DID (If In Boltimare City, give exact location) office bidg, INJURY OCCUR? | | | | | |
| | DEATH (natify medical examiner) etc.) | Out. | | | | | |
| ained | DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) OF INJURY While At Not Wh | 21f. HOW DID INJURY OCCUR? | | | | | |
| ā | Wark L At Wark | | | | | | |
| obt | 22. I certify that (I)(this hospital) attended the deceased from | Jan. 29 19 69 10 Feb. 19 19 69 | | | | | |
| be | that () (we) last saw the deceased alive on Feb. 19 19 69 and that in (my) (aur) opinion death occurred of | | | | | | |
| must | ond hour and from the causes stated above. (IV (We) (did) (did) (did) (did) | | | | | | |
| | AH AH | ending Med. Shaff Z 238, DATE SIGNED 238, DATE SIGNED 2/19/69 | | | | | |
| > | 23C. PHYSICIANS NAME Typel | ys. Director Phys. 2/17/09 | | | | | |
| approval | Walter F. Oster, Surgeon (R) | US PHS Hospital, Balto, Md. | | | | | |
| db | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI | | | | | | |
| | | metery Baltimore, Md. | | | | | |
| written | 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C, FUNERAL DIRECTOR ADDRESS | | | | | |
| 11 | 1303 Office & Jally | NICHOLAS I MATTHEWS BALTIMORE, MD | | | | | |
| 1 | VS 150-REV. 1/1/68 | | | | | | |



IMPORTANT

DIRECTOR:

FUNERA

The state of the second st 2 . ~ I was easy In Haring E. The state of the s

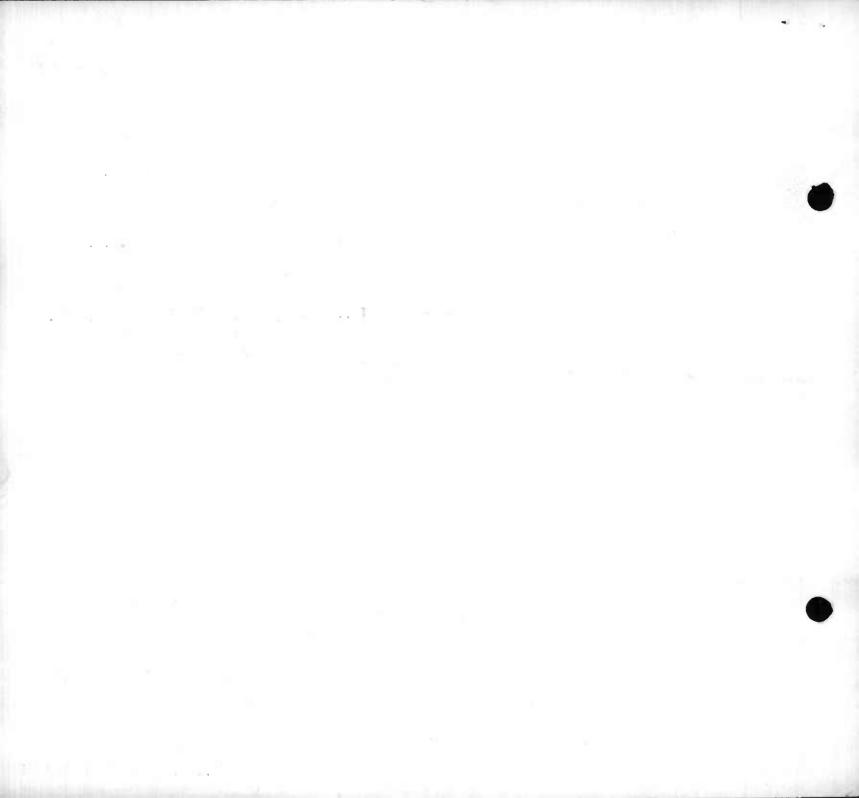
1969 BALTIMORE CITY HEALTH DEPARTMENT

| BIR | TH NO. | DICAL E | XAMINER'S C | CERTIFI | CATE OF | DEATI | H REG. NO. | 19 | 169 |
|---------------|--|--|--|---------------------------|------------------|----------------|---------------------------------------|--------------|--|
| T- | NAME OF DECEASED or Prince AMETTA | PO | LSKI | 2. DATE OF DEATH | Known X | Month Febru | ary 20, | Yeor 1969 | Hour |
| 4. F | PLACE IN BALTIMORE, MARYLAND, 1 | | | 3. DATE | UNCED DEAD | Month | Doy | Yeor | Hour |
| HOR | I NAME OF (IF NOT IN HOSPIT | MA | ENDED | | ESIDENCE (Where | deceosed liv | ary 20, ed. If institution: B. COUNTY | | 6:50 A _M |
| _ | | | 20-69(DOA) | | Maryland | | | 1 | 1-17 |
| 6. 5 | | | NEVER MARRIED | C. CITY OR | | | D. INSIDE CIT | | |
| - | emale White | WIDOWED | DIVORCED Inder 1 Yr, If Under 24 Hrs. | E STREET | Baltimore | 3 | YE | s 🖺 ı | ио Ц |
| 9. | -13-1899 lost birthd | Mon Mon | ths Doys Hours Min. | | 3311 West | Roger | s Avenu | е | |
| | BIRTHPLACE (State or foreign country) | | CITIZEN OF WHAT COUNTRY? | 13. FATHER | | 11 | | | |
| | BALTIMORE, MARY LAND USUAL OCCUPATION (Give kind of work | | USA | | MC DONOUG | | | | |
| | during most of working life, even if retired) | | | | SCOTT | ME | | | |
| 16. | HOUSEWIFE WAS DECEASED EVER IN U.S. ARME | D FORCES? | II. SOCIAL | 18. INFOR | | | AD | DRESS | |
| (Yes | , no or unknown) (If yes, give wor or dotes | | 215-22-2598 | | ATHAN POLS | KI, 33 | | OGERS | |
| | 19. F 8 90 X | | CAUSE OF DEA | TH | | | | | PROXIMATE INTERVAL VEEN ONSET AND DEATI |
| | DISEASE OR CONDITION DIRE | CTLY | | | | | | | |
| | LEADING TO DEATH (This does not mean the mode of death) | ving, e.g., | (A) MMEDIATE C | AS A CONSEC | sphyxia | | | | |
| | heort failure, asthenia, etc. It means th injury or complication which coused de | e disease, | 00£ 10, 0K p | AS A CONSEG | VOENCE OF. | | | | |
| | ANITOTOTOTO ANICO | | | C | arbon mond | vide | | | |
| | ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN | | DUE TO, OR | AS A CONSE | | ATGE | | | 1-8-8-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4- |
| | RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. | TING THE | (c) | C | onflagrati | ion | | | |
| Ó | ll l | | (C) | ******* | ν | | | | |
| CERTIFICATION | OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F | THE TERMINAL | | | | | | | |
| ERT | 20A. DATE OF OPERATION 20B. CO | NDITION FOR | WHICH OPERATION WA | AS PERFORM | MED | | | 21. AUTO | PSY? (Yes or No) |
| | 0 | | | | | | | E E | No |
| MEDICA | 22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. | hom | PLACE OF INJURY(e.g., e, farm, foctory, street, office house | in or obout a bldg, etc.) | NJURY OCCUR? | | ers Ave | , | 27-17 |
| Σ | 22D. TIME (Month) (Doy) (Year OF INJURY | DOLLE | 2E.INJURY OCCURRED | | 22F. HOW DID IN. | JURY OCCU | R? | | |
| | (APPROX.) 2-20-69 | 6:00 Am. | | ORK V | Found in | burni | ng hous | e | |
| | 23. I certify that I held an | _ | | tapsy 🗌 | and that an th | | | | |
| | resulted fram: Natural car | uses A | scident X Suicid | le 🗌 H | amicide 🔲 🗯 | Undetermin | ed manner | X | |
| | ACTUAL | 1 | 12 + | | CHIEF MEDICAL E | | | | DATE SIGNED |
| | SIGNATURE | 2.00 | M.D | . ASSI | ISTANT MEDICAL E | XAMINER | X | | |
| | EXAMINER'S Charles NAME (Type) | s S. Spr | ingate, M.D. | ASSC | OCIATE MEDICAL E | XAMINER | □ Feb | ruary | 20, 1969 |
| | MOVAL (Specify) 24B. DATE | 24 | C. NAME of CEMETERY | ar CREMATO | ORY 24D. | LOCATION | (City, town | , or county) |) (Stote) |
| KE | BURIAL 2-21- | 69 | NEW HAR SINAT | | REI | STERST | OWN, MA | RYLANT |) |
| 254 | DATE REC'D BY HEALTH DEPT. | 25B. NAME | OF REGISTRAR | | FUNERAL DIRECTO | | | DDRESS | UT |
| | 1000 (10 | of the Contract of the Contrac | . Italicoma | Sol | 1 DE REISTET | STOWNS | ROAD, B | ALTO. | 21215 |
| VS | 151-REV. 1/1/68 | 1 13 | 4900 | 0 1 | 067 | 7 | | | |

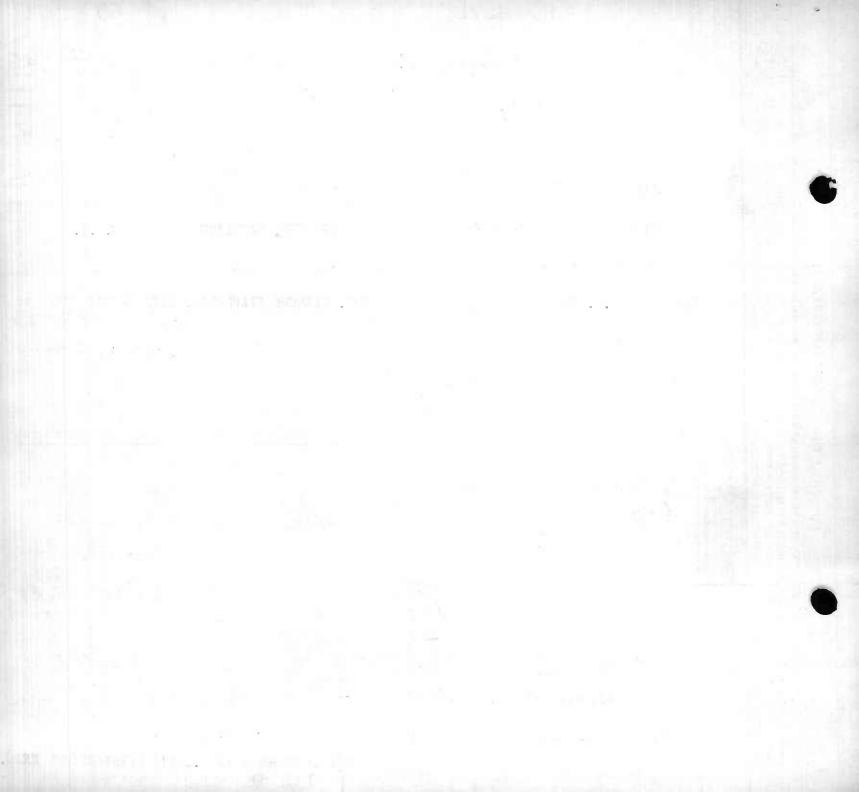
Letter from M. E. woffice 3. 20-69 M. N.

WALLE

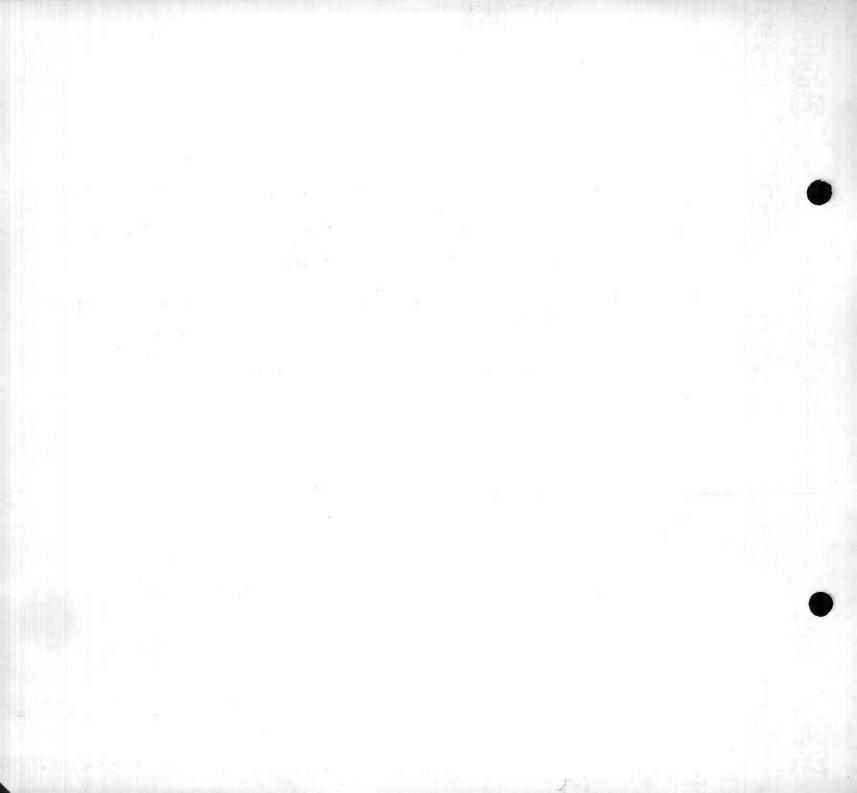
| 00 10/0 | CITY HEALTH DEPARTMENT | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| BIRTH NO. CERTIFIC | CATE OF DEATH REG. NO. | | | | | | | |
| 1. NAME OF DECEASED (Type or Prince) Treste man Sindare | 2. DATE AND HOUR OF DEATH | | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belaro admission) A. STATE B. COUNTY | | | | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION | c. CITY OR TOWN D. INSIDE CITY LIMITS? | | | | | | | |
| SINAI HOSPITAL | Beltimore YES P NO [| | | | | | | |
| 42 | E. STREET AND NUMBER 3933 Clarks Lane. APT. D | | | | | | | |
| 5. SEX 6. RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. If Under 24 Hrs. Manths; Doys Haurs Min. | | | | | | | |
| FEMALE WHITE WIDOWED DIVORCEO | | | | | | | | |
| IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole or lareign country) 12. CITIZEN OF WHAT COUNTRY? | | | | | | | |
| HOUSEWIFE AT HOME | RUSSIA U.S.A. | | | | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | | |
| UNKNOWN | UNKNOWN | | | | | | | |
| 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (II yes, give war or dates of service) SECURITY NO. | 17. INFORMANY ADDRESS | | | | | | | |
| NO 212-09-9475 | 5B MRSS. IDA BROCKMAN, 3933 CLARKS LANE, APT. D | | | | | | | |
| OISEASE OR CONDITION DIRECTLY | EATH Co of Breast BETWEEN ONSET AND DEATH | | | | | | | |
| (A) IMMEDIATE | (A)IMMEDIATE CAUSE | | | | | | | |
| IThis does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It meons the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| ANTECEOENT CAUSES | | | | | | | | |
| DISEASES OR CONOITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| rise to the above couse IA) stating the UNOERLYING CONDITION lost. (C) | | | | | | | | |
| ll l | | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | | | | | | | |
| SIDE SEASE OR CONDITION GIVEN IN PART 1 (A). | 20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED | | | | | | | |
| WAS PERFORMED | IN CERTIFYING CAUSES OF DEATH? | | | | | | | |
| OR CONTRIBUTING CAUSE OF home, farm, factory, streeteld | t, office bidg., INJURY OCCUR? (If In Boltimore City, give exact lacation) | | | | | | | |
| 21D.TIME (Month) (Day) (Yeorl (Hour) 21E, INJURY OCCURRED OF INJURY While At The National Control of t | 21F. HOW DID INJURY OCCUR? | | | | | | | |
| (APPROX) While At Work At W | While C | | | | | | | |
| 22. I certify that (1) (this haspital) attended the deceased from 1 19 17 to 2 19 | | | | | | | | |
| that (I) (we) last saw the deceased alive an | | | | | | | | |
| ond hour ond fram the causes stoted obove. (1) (We) (dld) (dld not) view the body ofter deoth. 23A. SIGNATURE | | | | | | | | |
| | Attending Med. Phys. Director Phys. D 2-19-69 | | | | | | | |
| 23C.PHYSICIAN'S NAME (Type) MAGAY SULL MP | 23D. ADDRESS SINAI HOSPITAL | | | | | | | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify) | GREE | | | | | | | |
| BURIAL 2-21-69 SHAAREI ZION | ROSEDALE, MARYLAND | | | | | | | |
| 25A. DATE SECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR | SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD | | | | | | | |
| VS 150-REV. 1/1/68 | 2 1 9 6 6 | | | | | | | |



| 7 5 | 69 1971 BALTIMORE CITY | HEALTH DEPARTMENT 69 1971 |
|-----------|--|--|
| D.E. 010 | CERTIFICAT | TE OF DEATH X REG. NO. |
| 1.N | NAME OF DECEASED | 2. DATE AND HOUR OF DEATH |
| (Тур | pe or Printi Wathan Silver man | 2-20-69 18 4 M. |
| 3. 1 | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) |
| FU | ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | Ma. Balto. 53-00 |
| HC IN: | OSPITAL OR ADDRESS OR LOCATION) STITUTION | C. CITY OR TOWN D. INSIDE CITY LIMITS? |
| | 27 1 | YES NO |
| - | DIERCH HOSD. | E. STREET AND NUMBER MM 10 K CD. |
| 5. 5 | SEX 6. RACE 7. MARRIED DEVER MARRIED 8 | DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. |
| | MALE WIDOWED DIVORCED | 4-25-11 lost birthdoyl Months Doys Hours Min. |
| | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1 | 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| don | eduring most of working life, even if retired) EMPLOYEE GOVERNORS CLUB | BAITTHOPE HADVIAND II C A |
| 13. | | BALTIMORE, MARYLAND U.S.A. 4. MOTHER'S MAIDEN NAME |
| | Louis Silverman | Jenois Scholsky. |
| s. | Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 1 | 7. INFORMANT ADDRESS |
| | es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | UDO BLANOUE CTINEDUAN 2200 NAPUAT DOAD #6 |
| _ | YES W.W. II 18. CAUSE OF DEATH | MRS. BLANCHE SILVERMAN, 3302 MARNAT ROAD #8 |
| | DISEASE OR CONDITION DIRECTLY | Caremonic of the BETWEEN ONSET AND DEATH |
| | LEADING TO DEATH | Jung with wide spread 5 mes. |
| | This does not mean the made of dying, e.g., DUE TO, OR AS A | CONSEQUENCE OF: |
| | injury ar camplication which caused death.) | artans |
| | ANTECEDENT CAUSES (8) | |
| | DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the | CONSEQUENCE OF: |
| | UNDERLYING CONDITION last. (C) | |
| 7 | | |
| ATIO | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| ICA | DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED |
| ERTIFIC | WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| O | OP CONTRIBUTING CALISE OF A CONTRIBUTING CALISE OF INJURY (e.g., in | or obout 21 C. WHERE DID (If in Boltimore City, give exect location) |
| CAL | DEATH (notify medical examiner) etc.) | |
| ED | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| 2 | (APPROX.) While At Work | |
| | 22. I certify that (I) (this hospital) attended the deceased from | 2-12 196910 2-20 1969, |
| | that (I) (we) last saw the deceased alive on 2-20 | 19 69 and that in (my) (our) opinion death occurred on the date |
| | and hour and from the causes stated above. (1) (We) (did) (did nat) vi- | The state of the s |
| | 23A. SIGNATURE | 23B. DATE SIGNED |
| | Wenner Rock M. Decores Phys. | ding Med. Staff 2/20/69 |
| | 23C. PHYSICIAN'S | D. ADDRESS |
| | NAME (Type) Werner Beck M.D. | Mercy Hospital Baltimore |
| 244 | A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM | MATORY 24D. LOCATION (City, town, or county) (Stote) |
| | BURIAL 2-21-69 ANSHE NEISEN | ROSEDALE, MARYLAND |
| 25A | A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| | FFB 24 1969 M. P. E. Farkers | SOL LEVINSON & BROS., 6010 REISTERSTOWN &RD. |
| _ | 150-REV. 1/1/68 | 1 0 4 0 |







SD

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VS 150-REV. 1/1/6B

of death Deceased

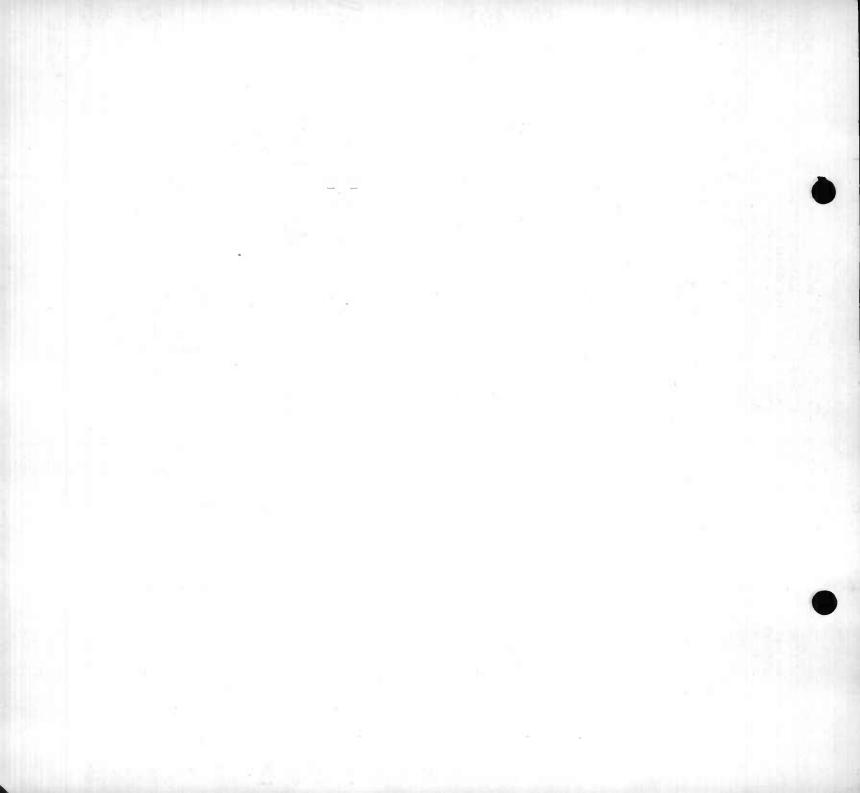
hospital

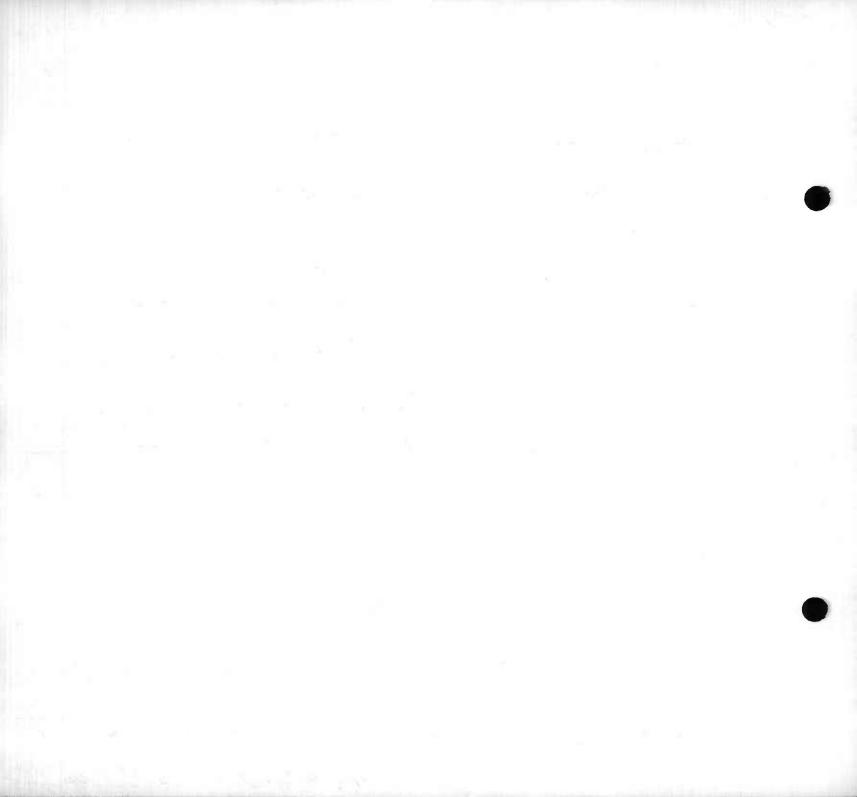
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Kenny Inc 1600 Hollins St





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Such

| | CATE OF DEATH REG. NO. 69 1977 | | | | | | |
|--|---|--|--|--|--|--|--|
| I. NAME OF DECEASED (Type or Print) SR MARGARET SHANAHAN | 2. DATE AND HOUR OF DEATH FERRILARY 23 1969 | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence below admission) A. STATE B. COUNTY | | | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | MARYLAND C. CITY OR TOWN D. INSIDE CITY (MITS? | | | | | | |
| ST AGNES HOSPITAL | BALTIMORE YES X NO | | | | | | |
| CATON & WILKENS AVE. BALTIMORE, MARYLAND 21229 | E. STREET AND NUMBER | | | | | | |
| 6. SEX 6. RACE 7. MARRIED NEVER MARRIED | CW C AVE OF BUILDING | | | | | | |
| FEMALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU- | O1/15/95 Cast 7th day) Manths Days Haurs Min. | | | | | | |
| RELIGIOUS. | IRELAND USA | | | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| EDWARD SHANAHAN | HANORA BUCKLEY | | | | | | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS | | | | | | |
| NO 219 54 06 | 590 ST AGNES HOSP CATON & WILKENS AVE | | | | | | |
| 18. 4271/ CAUSE OF DI | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT | | | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | | | | | | |
| (This does not mean the made of dving as (A) IMMEDIATE | CAUSE DOGGS VIVE HEART TASLORE. | | | | | | |
| heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death, | AS A CONSEQUENCE OF: | | | | | | |
| ANTECEDENT CAUSES | | | | | | | |
| DISEASES OR CONDITIONS, if any, giving DUE TO, OF | DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| III DEBI VINC CONDITION (A) STORING INC | | | | | | | |
| ONDERLING CONDITION TOSE (C) | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). | | | | | | | |
| 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street etc.) | g. In or about 21 C. WHERE DID (If In Ballimore City, give exact location), office bldg., INJURY OCCUR? | | | | | | |
| 21D. TIME (Manth) (Doy) (Year) (Haur) 21E INJURY OCCURRED OF INJURY | 21F. HOW DID INJURY OCCUR? | | | | | | |
| (APPROX.) While At Not Work At W | Vhile Ook | | | | | | |
| | | | | | | | |
| 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive an FEBRUARY | 3 19 and that in (m)(r) (aur) opinion death accurred an the date | | | | | | |
| ond hour and from the causes stated above. (1) (We) (d)(1) (did not | | | | | | | |
| 23A. SIGNATURE | 23R DATE SIGNED | | | | | | |
| DECESS! | Attending Med. Staff Phys. A Fub - 23-1569 | | | | | | |
| 23C. PHYSICIAN'S NAME (Type) | 23D. ADDRESS | | | | | | |
| MARIA ALVAREZ M D | ST AGNES HOSP CATON & WILKENS AVE | | | | | | |
| REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of | CREMATORY 24D. LOCATION (City, lawn, ar caunty) (State) | | | | | | |
| BURIAL 2/25,1969 Villa St. Mic | hael on grounds of SETON INST.,6400 Wabash | | | | | | |
| 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS | | | | | | |
| THE STATE OF THE S | STEWART & MOWEN CO.108 W. North Av. City | | | | | | |
| 150-REV. 1/1/68 | | | | | | | |

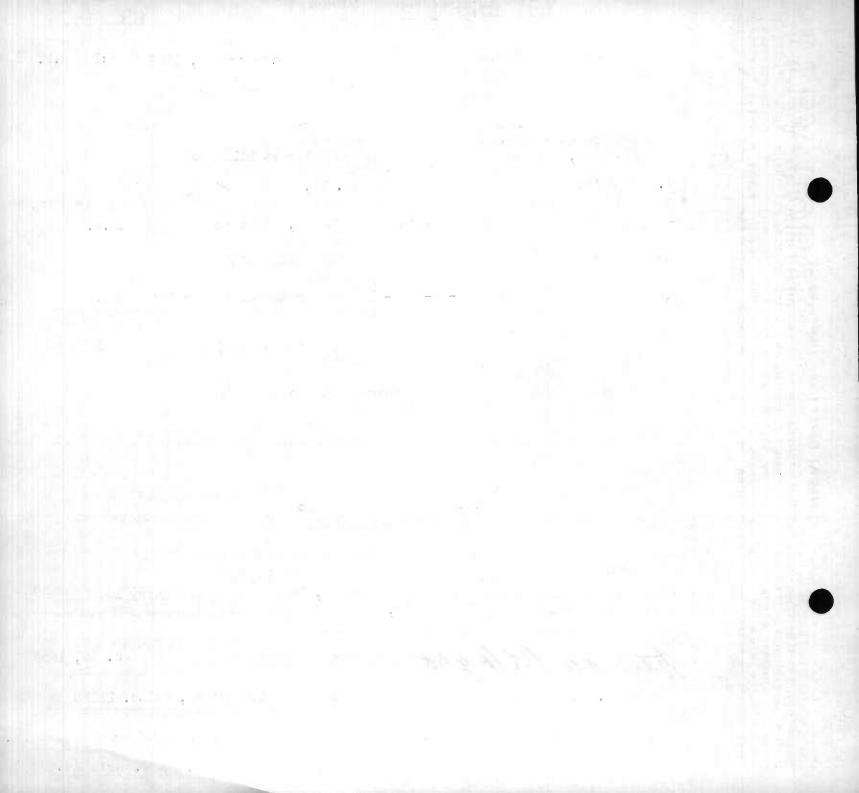
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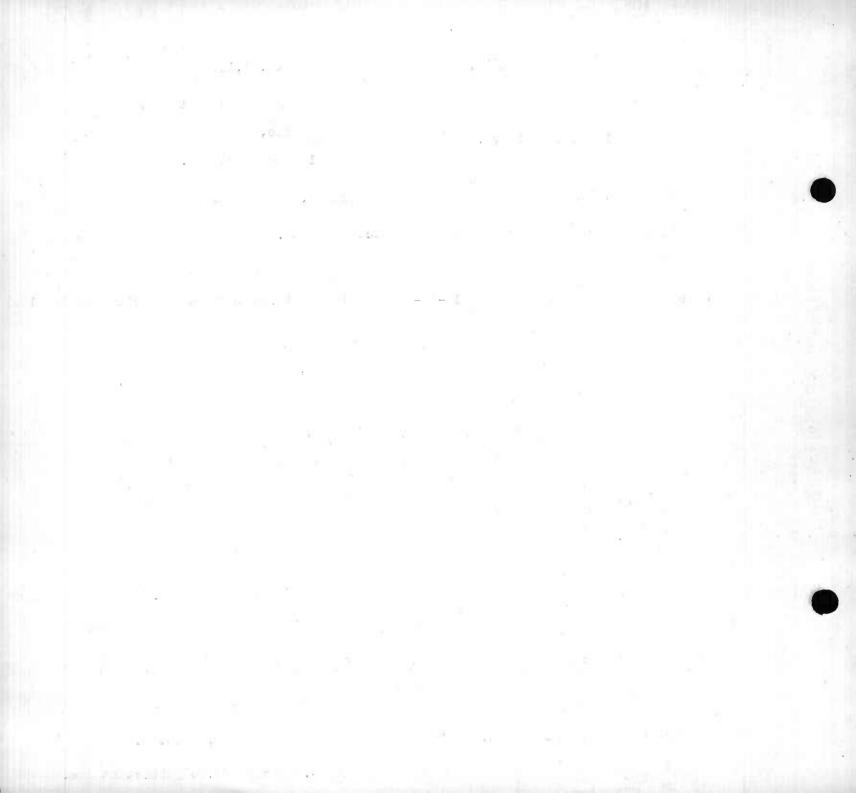
attendance on the death.

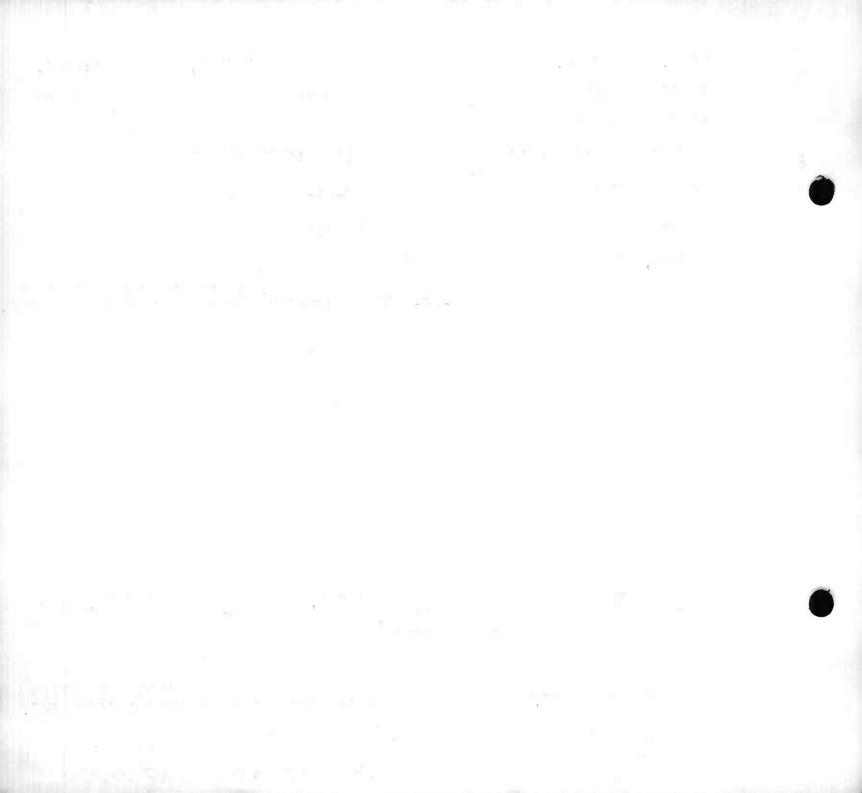
of death

| 65 | 9 1 | 978 BALTIMORE CITY | | | | CO | 1978 |
|---|--|---|------------------------------------|------------------------|---------------------------------------|-------------------|---|
| BIRTH NO. | | CERTIFICA | TE OF [| DEATH | REG. NO | _03_ | 13/3 |
| NAME OF DECEASED | | | | 2. DATE AN | D HOUR OF DEATH | | |
| Type or Print) Sister Mary | February 19, 1969 9:10 A.M. | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, V FULL NAME OF HOSPITAL OR ADDRESS OR LOC | | STITUTION, GIVE STREET | A. STATE Maryla: | 8, COUN | ltimore Cit | | 28-41 |
| NSTITUTION | C. CITY OR TOWN D. INSIDE CITY LIMITS? | | | | IMITS? | | |
| Yilla Saint Mi | Baltimore YES NO NO | | | | | | |
| 4000 Forest Hi Baltimore, Mar | | | LOOO | | ill Road | | |
| F. 6. RACE White | 7- MARR | VED DIVORCED | B. DATE OF B Feb. 27 | , 1887 | 9. AGE (In years lost highday) | If Unde Months | r 1 Yr. If Under 24 Hr Doys Hours Min. |
| OA, USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired) | k 10B. KIND | OF BUSINESS OR INDUSTRY | 11. BIRTHPLA | CE (State or forei | gn country) | 12. CITI | ZEN OF WHAT COUNTR |
| Child care | Sist | er of Charity | Detro | it, Mich | igan | U.S | S.A. |
| 3. FATHER'S NAME | | | 14. MOTHER'S | MAIDEN NAM | ΛE | - | |
| George Johnson | | | Mary | Jane Sm | ith | | |
| . Was Deceased Ever in U. S. Armed Fo | ices? | 1 6. SOCIAL | 17. INFORMAL | | | | ADDRESS |
| (es,no or unknown) (If yes, give wor or dote No | es of servi | 216-54-8525-JI | Sist | er Andre | a -sam | e add: | ress |
| 18. / / 0 ; / | | CAUSE OF DEATH | 1 | | | | APPROXIMATE INTERVAL |
| | DISEASE OR CONDITION DIRECTLY | | | | | | |
| (This does not mean the made of | dvina | (A) IMMEDIATE CAU | | nary occ. | lusion | | 3 weeks |
| heart failure, asthenio, etc. It means | the dise | e.g., DUE TO, OR AS A | CONSEQUEN | CE OF: | | 100 | |
| injury or complication which caused death.) ANTECEDENT CAUSES General arteriosclerosis | | | | | | | |
| ANTECEDENT CAUSES | | | osis | | ? | | |
| DISEASES OR CONDITIONS, if | A CONSEQUE | NCE OF: | | | | | |
| UNDERLYING CONDITION last. | | | | | | | |
| II | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CO | NTRIBUTIN | NG - | | | | | |
| | RT I (A). | | | | | | |
| None 198. CON WAS PER | | None | | PSY? (Yes or No. | 20B. IF YES, WERE IN CERTIFYING CA | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) | or obout 21 C. fice bldg., INJU | WHERE DID RY OCCUR? | (If in Boltimor | e City, give | exoct locotion) |
| 21D. TIME (Month) (Day) (Year) OF INJURY NONE | (Haur) | 21E. INJURY OCCURRED | 21 F. | HOW DID INJ | URY OCCUR? | | |
| (APPROX.) None | | While At Not While | | | | | |
| 22. I certify that (I) (this hospital) attended the deceased fram October, 1968 19 to February 18. 1969 | | | | | | | |
| | | | 4 | ** * | | | |
| that (I) (we) last sow the decease | | | 1969 | | ot in (my) (our) opi | nion deo | th occurred on the da |
| and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. | | | | | | | |
| 23A. SIGNATURE | | | C. III | | E SIGNED | | |
| hamlau I | nding [X] | | Staff Phys. | Fec | . 19, 1969 | | |
| 23.C. PHYSICIAN'S | | DEGREE | 3D. ADDRESS | | | | |
| Damian P. Alagia | // | | 3326 F | rederick | Avenue, B | al to | 21228 |
| 4A. BURIAL CREMATION, 24B. DATE | 240 | DEGREE O, NAME of CEMETERY OF CRE | | | | ity, town, c | |
| REMOVAL (Specify) | | | | | | | |
| BURIAL 2/21/6 5A. DATE RECIPENHEALTH DEPT. | | Villa St. Micha | el (on | Seton I | nst. Groun | ds)64 | 00 Wabash A |
| EEB. 24 1969 | PO | 5 & Fallenna | | | WINT GO TOO | 107 NT | |
| | INO SEL | A my months of any | STEWA | KT & MU | WEN CU.108 | W . NO | rth Av.City |

VS 150-REV. 1/1/6B







IMPORTANT

DIRECTOR:

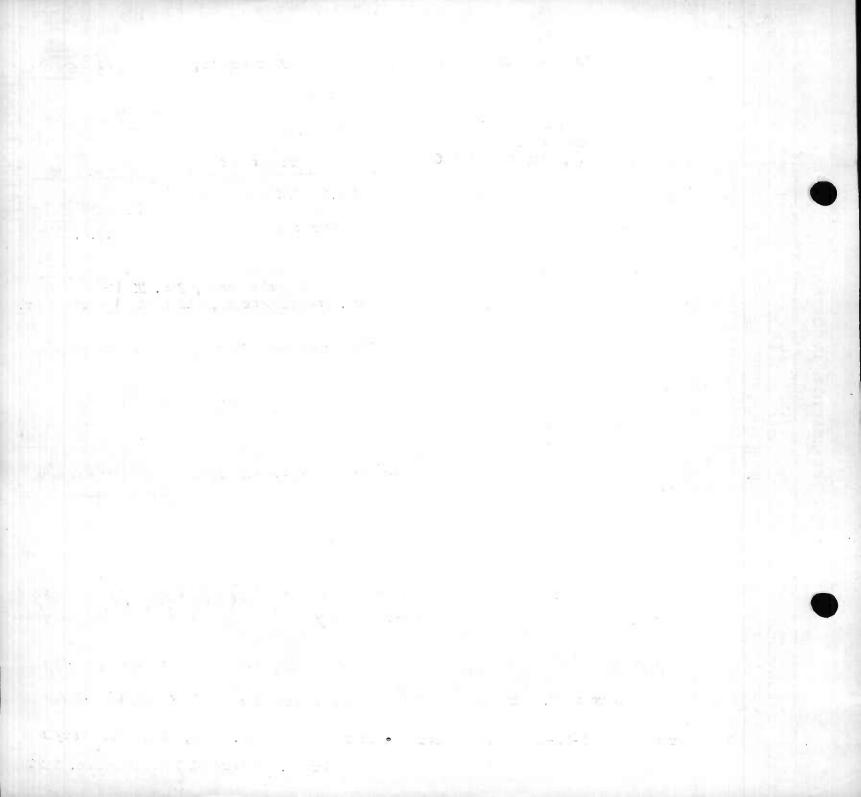
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|---|--|--|---|--|
| | T T T T T T | TIFICATE OF DEATH | REG. NO | 69 1983 |
| | OLIK | | D HOUR OF BEATH | |
| Type or Print) Grace | Catherine Schul | theis February | ary 20, 1969 | 1/30 a |
| B. PLACE IN BALTIMORE, MARYLAND, FULL NAME OF (IF NOT IN HOS | | Maryland B. COUNT | e deceased lived. If institu Y | tion: rasidence before odmission |
| HOSPITAL OR ADDRESS OR LO | PITAL OR INSTITUTION, GIVE | C. CITY OR TOWN | D. INSIDE | CITY LIMITS? |
| Mount Conva | lescent Home | Baltimore | | s No 🗌 |
| 9/) 3706 Norton: | ia Road | E. STREET AND NUMBER | | |
| Baltimore, 1 | Maryland 21216 | 3706 Nortonia | Road | |
| SEX 6. RACE | 7. MARRIED NEVER M. WIDOWED X DIV | APPIED B. DATE OF BIRTH 9 | . AGE (In years If | Under 1 Yr. If Under 24 H anths Days Haurs Min. |
| OA. USUAL OCCUPATION (Give kind of vone during mast of working life, even if retire Housewife | Work 108. KIND OF BUSINESS O | R INDUSTRY 11. BIRTHPLACE (State or foreign | n country) | 2. CITIZEN OF WHAT COUNT |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | LE CONTRACTOR OF THE PROPERTY | U.S.A. |
| | | MOTHER 3 WAIDEN NAM | | |
| Unknown | | Unknown | | |
| 5. Was Deceased Ever in U. S. Armed (es. na ar unknawn) (If yes, give wor ar d | | No. 17. INFORMANT Pompano | Beach, Fla. | 33062 PDRESS |
| No | None | Mrs. Samuel Char | | |
| LEADING TO DEAT (This daes not mean the made heart failure, asthenia, etc. If mea injury ar complication which caus ANTECEDENT CAUS DISEASES OR CONDITIONS, it is to the above cause (AUNDERLYING CONDITION tast.) | af dying, e.g., (A) M/DU ans the disease, sed death.) SES (B) DU | Afteriosclembic heart, MEDIATE CAUSE ETO, OR AS A CONSEQUENCE OF: | Alsease | unknown |
| OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN BUT NOT | ONDITION FOR WHICH OPERA | erephenal arteriosa ATION [20A. AUTOPSY? (Yes or No)] | 20B. IF YES, WERE FINE | unknown |
| WAS P | PERFORMED | NO | IN CERTIFYING CAUSES | OF DEATH? |
| | GIT 218 PLACE OF IN | NJURY (e.g., in or obout 21 C. WHERE DID | (If in Baltimare Ci | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | home, form, focto | ry, street, office bldg., INJURY OCCUR? | | ty, give exoct lacotian) |
| OR CONTRIBUTING CAUSE OF | home, form, focto | ry, street office bldg., INJURY OCCUR? CURRED 21F. HOW DID INJU Not While At Work | 10 5 | |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Manth) (Day) (Ye (APPROX.) 22. I certify that (I) (this hospit that (I) (see) lost sow the deced | home, form, foctoretc.) ari) (Hauri) 21E. INJURY OCC While At Work work arot) attended the deceased osed olive on | ry, street office bldg., INJURY OCCUR? CURRED Not While At Work from Oct. 1969 ond the odd ofter deeth. | t in(my) (eas) opinion | 20, 1969 |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Manth) (Day) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (see) lost sow the deceded on the hour and from the causes some same same same same same same same sa | home, form, foctoretc.) ari) (Hauri) 21E. INJURY OCC While At Work work arot) attended the deceased osed olive on | ry, street office bldg., INJURY OCCUR? CURRED Not While At Work from Oct. 1969 ond the odd ofter deeth. Attending Phys. 23D. ADDRESS 7501 Liberty Ro | t in(my) (eas) opinion | 20 1969 In death occurred on the de |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Ye OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (see) lost sow the deceded on the hour and from the causes so 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Abraham E 4A. BURIAL CREMATION, REMOVAL (Specify) | home, form, focto etc.) and (Haun) 21E. INJURY OCC While At Work Trail) attended the deceased osed olive on stated above. (I) (We) (did) Hurwitz 24C. NAME of CEME | ry, street office bldg., INJURY OCCUR? CURRED Not While | t in(my) (cos) opinion shaff bys. ad Baltis cation (City, 1 | 20 1969 in death occurred on the d |

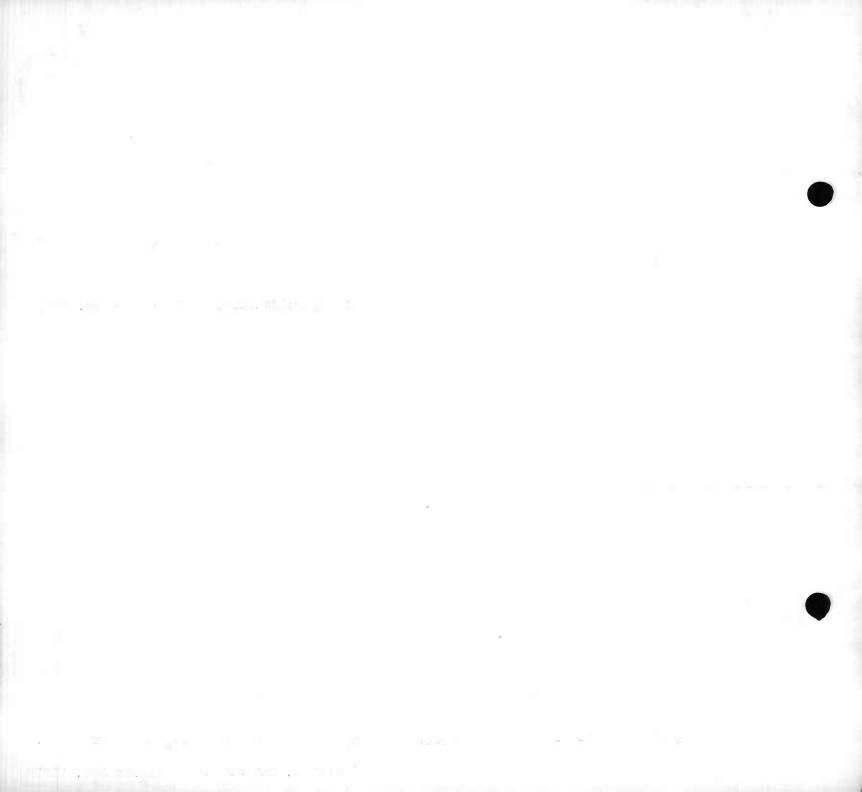
2-21-1969 HEALTH DEPT. |258. N Mary land 969 Loudon Park Cemetery 258. NAME OF REGISTRAR 25C. Balto. City, Baltimore Buria1 ADDRESS 25A. DATE REC'D BY 25C. FUNERAL DIRECTOR Hopbard 4107 Wilkens Ave. 21229 Howard H VS 150-REV. 1/1/6B



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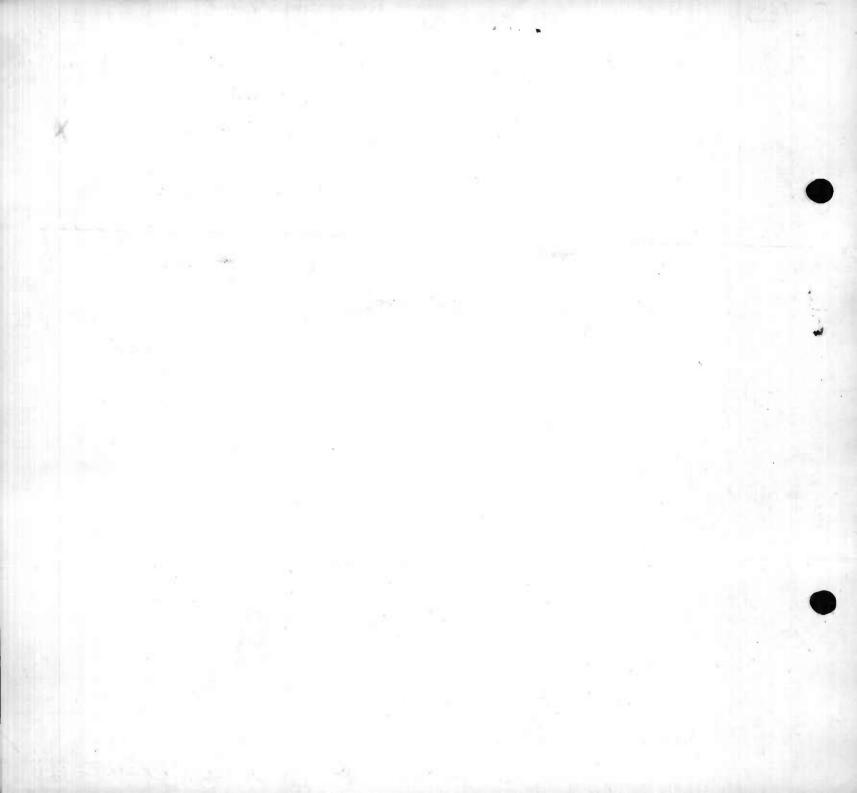
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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

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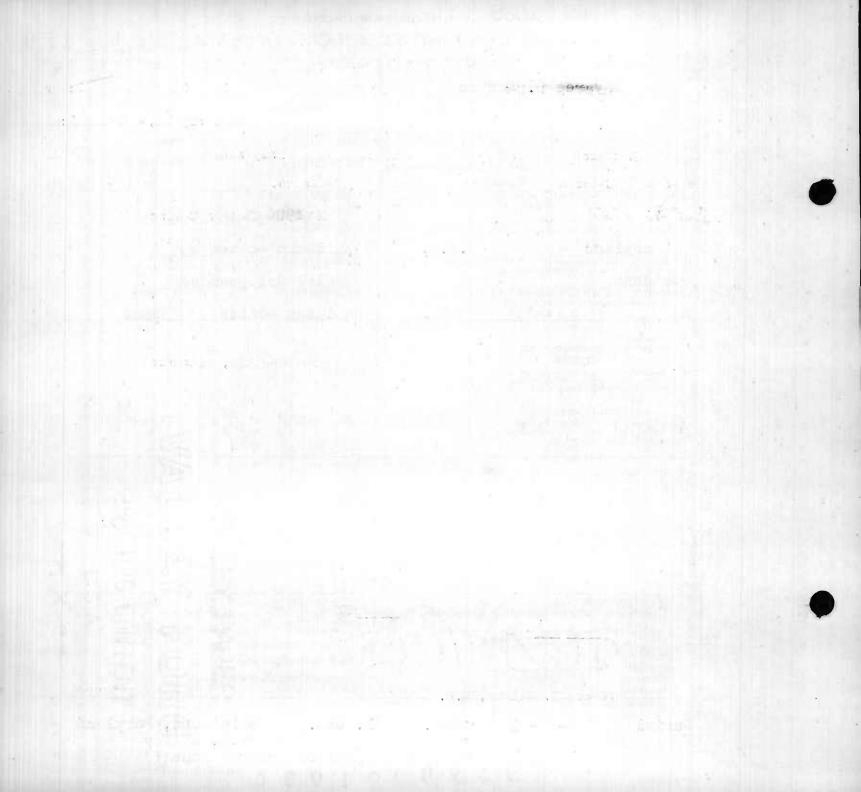
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| FUNERAL DIRECTOR: IMPORTANT | 6 : | 5 0 | ב פ |
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| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | ĎĒ |
| | E . | 9 | <u>a</u> 2 |
| | ate | | 0 0 |
| | Fic | 3 | 4 |
| | EAS | 0 | deceased prior to death); and (0) NO physician was in regular attendance on the deceased prior to death. Such |
| | bo | | ter |
| | is o | as | T. |
| | 戸本で | 4 ₹. | ₹ 5 |

| | 69 | 198 | 8 BALTIMORE CITY | HEALTH DEPARTMENT | | 69 | 1988 |
|--|---|-----------------------|------------------------------|--|--------------------------------|--------------------------------|---|
| BIRTH NO. | | | | TE OF DEATH | REG. NO | 00 | 1000 |
| I.NAME OF DEC | EASED | | | D DATE AN | ID HOUR OF DEATH | | |
| (Type or Print) | BRALEX | Leong | E | 2 | 22-69 | 7 1 9 | 715P " |
| 3. PLACE IN BAL | TIMORE MARYLAND, W | HERE PRONO | UNCED DEAD | 4. USUAL RESIDENCE (Whe | ro decoosed lived If in | nstitution: residen | ce belore admission) |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTIT | UTION, GIVE STREET | BATIM C. CITYOR LOWN | ORBONIN | IDE CITY LIMITS? | RYLANI |
| 38 Am. | versity of Street | Maryt | and Hospital | E. STREET AND NUMBER | ORE | YES 🗌 | NO 🗌 |
| 30 % | Baltimore | , Mary | land 21201 | 404 Com | inoculal | N | |
| s. sex male | 6. RACE | 7- MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In yours lost bighday) | Il Under 1 Yr. Months: Days | If Under 24 Hrs. |
| | MEGRO | WIDOWED | | 19-15-86 | 8.2 | | |
| done during most of | working lile, even if retired) | 1 | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fore | gn country! | 12. CITIZEN O | F WHAT COUNTRY |
| | orer | Cons | truction | 034 | | | SIT |
| 13. FATHER'S NA | Abraham | Bradov | | 14. MOTHER'S MAIDEN NA | ME | | |
| | | | 4 | | | | |
| (Yos, no or unknown) | Ever in U. S. Armed For | ces? s of sorvice) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADD | RESS |
| | NO | | 220-07-3458 | MrsAnnetta G. B | rown 404 Co | mmonweal | th Ave. |
| 18. / 5 / | 191 | | CAUSE OF DEATI | 1 | 1 | | ROXIMATE INTERVAL |
| | E OR CONDITION DIE LEADING TO DEATH | RECTLY | Care | cinoma) | Xlamor | 6 1 | Dana a |
| IThis does n | al mean the mode of | dying, e.g., | (A) IMMEDIATE CAU | SE A CONSEQUENCE OF: | 30.09 | C / | CITIO. |
| injury or cam | asthenia, etc. Il means plication which caused | the disease, death.) | | TO THE COLOR OF TH | | | |
| | ANTECEDENT CAUSES | | (0) | 354 | | | |
| DISEASES C | R CONDITIONS, If | any, giving | DUE TO, OR AS | A CONSEQUENCE OF: | | | *************************************** |
| UNDERLYING | above cause (A) CONDITION last. | sloting the | (c) | | | | |
| | 11 | | 4 - 1 | | | | *************************************** |
| I E ITO THE DEAT | CANT CONDITIONS COL | IE TERMINIAL | | | * | | |
| DISEASE OR CO | ONDITION GIVEN IN PAR | T 1 (A). | VHICH, OPERATION | 120A AUTODOVS (Van an Alia) | 200 18 4-5 | | |
| 15/10 | -69 WAS PERS | PRMED | | 20 A. AUTOPSY2 (Yes or No. | IN CERTIFYING CA | USES OF DEATH | PERED |
| U 121A. ACCIDEN | T WAS UNDERLYING | | PLACE OF INJURY (e.g., in | or obout 21 C. WHERE DID | (II In Bolilmor | e City, give exect | location) |
| DEATH Inotify | TING CAUSE OF medical examined | / hom | e, form, foctory, street, af | ice bidg., INJURY OCCUR? | 10 | ., | |
| 21D. TIME OF INJURY | (Month) (Doy) (Year) | (Hour) 21 E. | INJURY OCCURRED | 21 F. HOW DID INJU | JRY OCCUR? | | |
| (APPROX) | d0 | Whi | te At Not White | 4 | | | |
| 22. I certify | that (I) (this haspital | | | | 9 69 to 2 | -27 | - 10 60 |
| | tast saw the decease | | | . 0 | it in (my) (our) opi | nian death acc | urred on the date |
| and hope and | from the causes stat | ed abay#. (i) | (did) (did) vi | iew the bady after death. | v v vp | | The second |
| 23A. SIGNATE | RE // A/ | // | - 111 | | | 238, DATE SIGN | IED |
| | must All | rel | DEGREE Phys. | nding Mod. Director | Stoff Phys. | 7-2 | 2-60 |
| 23C. PHYSICIA | N'S (pe) | | DEGREE | 3D. ADDRESS | 0 | 9 | 11/1 |
| DAN | 115L Wh | UE | MA DEGREE | Chevers | elu d | Ospi | cal |
| 24A. BURIAL CREA | MATION, 248, DATE | 24C. NA | ME of CEMETERY OF CRE | MATORY 24D. LO | CATION (CI | ly, town or count | lyf (Stote) |
| Burial | 2/26/6 | 9 Ar | butus Memorial | l Park B | altimore, C | 0.Md, | |
| 25A. DATE REC'D | - A 1 | 258, NAME O | F REGISTRAR | 25C. FUNERAL DIRECTOR | | | DRESS |
| | EB 24 1969 M | 202 10 | E Afalleman | Herbert E. Nu | tter 3035 W | • North | Ave. |
| V\$ 150-REV. 1/1/6 | 8 | | - | | | | |

7.3

VS 151-REV. 1/1/6B

| < -3½ | 69 1989 BALTIMORE CITY HI | EALTH DEPARTMENT | |
|-------|---|---|----------|
| 32, | MEDICAL EXAMINER'S | CERTIFICATE OF DEATH REG NO 69 19 | 289 |
| O | BIRTH NO. | REG. NO. | 700 |
| | 1. NAME OF DECEASED (Type or Print) | 2. DATE Known Month Doy Yeor Hour | |
| | Nayaree S. Coates | DEATH Estimoted ☐ 2 21 69 12:40 |)р м. |
| | 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD | |
| | HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION | February 21, 1969 12:4 | |
| | 4/ | 5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss A. STATE B. COUNTY | SION |
| | 6. SEX 7. RACE B. MARRIED NEVER MARRIED | Maryland D. INSIDE CITY LIMITS? | 7_ |
| | MARKED L. MERKED L. | | |
| | Female Colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs | Balto. YES X NO L | |
| | C 13/ 1007 lost birthdoy) Months Days Hours Min | | |
| | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | 2906 Chelsea Terrace | |
| | WHAT COUNTRY? | | - |
| | 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR | Ralidean Coates | |
| | done during most of working life, even if retired) Student | Eralee Gravesandee | |
| | 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL | 18. INFORMANT ADDRESS | |
| | (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NONE | Ralidean Coates same | |
| | 19. ZA CAUSE OF DE | APPROXIMATE IN | |
| | DISEASE OF CONDITION DIRECTLY | BETWEEN ONSET AN | ND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE | CAUSE Pneumonitis, bilateral | |
| | | AS A CONSEQUENCE OF: | |
| | injury or complication which coused death.) | | |
| | ANTECEDENT CAUSES (B) | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | R AS A CONSEQUENCE OF: | |
| | LINDERLYING CONDITION LAST | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL | | |
| | DISEASE OR CONDITION GIVEN IN PART 1 (A). | | |
| | 208. CONDITION FOR WHICH OPERATION V | VAS PERFORMED 21. AUTOPSY? (Yes or | r No) |
| | | YES | |
| < -3½ | 22B. PLACE OF INJURY (e.g UNDERLYING ☐ OR CONTRIB- | , in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR? | |
| | UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.SNJURY OCCURRED | 22F. HOW DID INJURY OCCUR? | |
| | OF INJURY WILLEAT NO | OT WHILE | |
| | (APPROX.) m. WORK AT | WORK L | |
| | | utopsy XX and that on this basis, death in my opinion | |
| | _ 7 | ide Homicide Undetermined manner | |
| | 77111 | CHIEF MEDICAL EXAMINER | |
| | ACTUAL SIGNATURE | D. ASSISTANT MEDICAL EXAMINER XX | AED |
| | EXAMINER'S | ASSOCIATE MEDICAL EXAMINER | |
| | NAME (Type) Edward F. Wilson, M.D. | = 100 110 | |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER' | | te) |
| | Burial 2-25-69 Balto. Nat | | |
| | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR . R. Baileaddress | |
| | 1808 a 1808 a contract a company | Kelson Funeral Home 1348 Calhoun | n St |



VS 150-REV. 1/1/68



NOON

If Under 24 Hrs.

NO

6

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

ADDRESS

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



Such

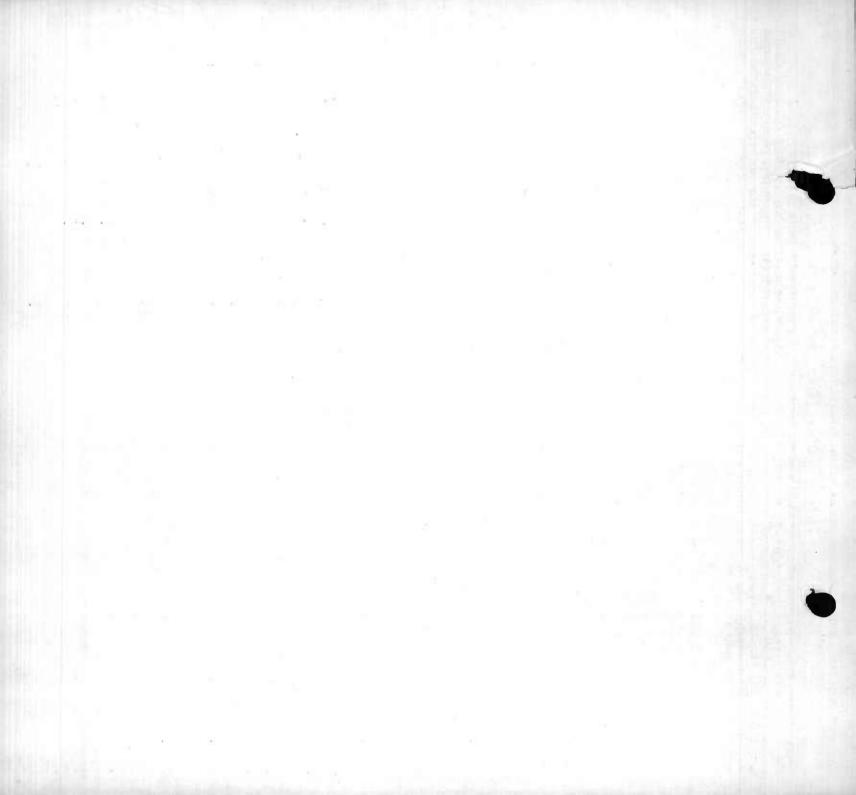
| BIRTH NO. | 69 | 1992 CI | ERTIFICA | HEALTH DEPARTMENT TE OF DEAT | H REG. NO | 69 | 1992 |
|---|---|--|---|---|---|--------------------------------------|------------------|
| 1. NAME OF DEC | CEASED | Bunch | | 2, DAT | E AND HOUR OF DEAT | Н . | |
| 3. PLACE IN BAIL FULL NAME OF HOSPITAL OR INSTITUTION 3 7 | Provident 1514 Divis | AL OR INSTITUTION, GATION) Hospital, Ision Street Maryland 2 | VE STREET | 4. USUAL RESIDENCE 8. C Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMB | Where deceased lived, II | VES TIP LIMITS? | before odmission |
| 5. SEX | 6. RACE | 7. MARRIED NEVER | | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. Months! Doys | If Under 24 Hrs |
| Male | Negro | | DIVORCED [| 8-7-96 | lost bithday) | Months Doys | Hours Min. |
| done during most of | working life, even if retired) | INE KIND OF BUSINESS | OR INDUSTRY | 11. BIRTHPLACE (Stote of | r foreign country) | U.S.A. | WHAT COUNTRY |
| 3. FATHER'S NA | ME | | | 14. MOTHER'S MAIDEN | NAME | | |
| 5. Wos Deceosed Yes, no or unknown Yes | Ever in U. S. Armed For III yes, give war or dote | s of service) 30-19 213-0 | AL RITY NO. 03-7147 | 17. INFORMANT Mrs. Rosetta | a Tilghman-F | Addres | ss Calhoun S |
| DISEASES OF CONTROL OF THE DEAT | ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) or CONDITION last. IL ICANT CONDITIONS COTO H BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPAL SPEER | ATRIBUTING IE TERMINAL I (A). I (B). | K | a consequence of: al met ratio. [20A. AUTOPSY? (Yes o | | E FINDINGS CONSID AUSES OF DEATH? | DERED |
| 00 0001-0101 | IT WAS UNDERLYING TING CAUSE OF medical examined | | INJURY (e.g., In ctory, street, af | no obout 21C, WHERE DI | D // le Relii- | AUSES OF DEATH? | |
| DEATH (notify) 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor) | (Hour) 21E INJURY O | OCCURRED Not While At Work | | INJURY OCCUR? | | |
| that (I) (we) | that (1) (this hospital) last saw the decessed I from the couses state RE | d olive on Februared above. (1) (We) (di | ed fram Fe ry 22, d) (did not) vi | 19 69 one | 19 69 to Feb d that in(my) (aur) op the | | 0 |
| 23C. PHYSICIA NAME (T) | AHSAN St | AEED KHAI | VM.D. | 3D. ADDRESS 1514 Division | n Street E | Balto., Mar | ryland |
| Burial | 2-26-6 | 9 Balto. | | | 775 | City, town, or county) | (Stote) |
| E | BY HEALTH DEPT. EB 24 1969 (| 258 NAME OF REGISTRA | AR | 25C. FUNERAL DIRECTION (F.) | TOR V.R. DEL | - | |
| 5 150-REV. 1/1/6 | 8 | | | | | | |



Such

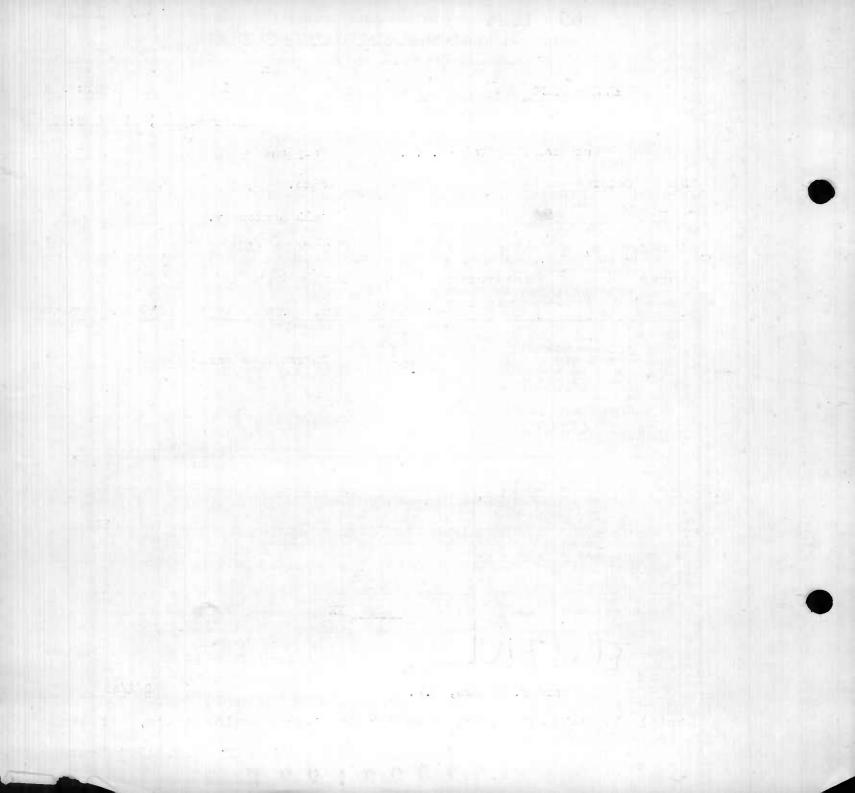
| | | 100 | | HEALTH DEPARTMENT | | 60 4000 |
|-----------------|--|----------------|---|---|---|--|
| | 69 | 199 | CERTIFICA | TE OF DEATH | REG. NO | 69 1993 |
| BIRTH NO. | RETH NO. NAME OF DECASED The of Pland Sther Miles Sther Miles Sther Miles PRACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution residence before and person of the county of the county) Provident Hospital STREET AND NUMBER STREET AND NUMBER STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX FORMAL OR STREET AND NUMBER 1353 N. Stricker St. SEX SEX FORMAL OR STREET AND NUMBER 1054 DATE OF BIRTH PACE O | 4 | | | | |
| Type or Print) | *** | or Mil | 0.6 | 2 | | |
| 3. PLACE IN BAI | | | | 4. USUAL RESIDENCE (W | nere deceased lived. If | institution: residence before admissio |
| | | | | 2.0 | INTY | 11 01 |
| FULL NAME OF | (IF NOT IN HOSPIT | AL OR INSTITU | ITION, GIVE STREET | | | 15-01 |
| NSTITUTION | - | | , | 770 | D. IN | |
| 20, | rrovident | Hospit | al | | | AES 🔯 NO 🗌 |
| 77 | | | | | ricker St. | |
| 657 | I/ nace | 15 | | | | |
| - | 4 - | /- MARRIED | NEVER MARRIED | | last birth ay | Months Doys Hours Min. |
| | | | | | | |
| | | 10B. KIND OF | BUSINESS OR INDUSTRY | | reign country) | 12. CITIZEN OF WHAT COUNT |
| ne doing mos or | working the, even w vented, | | | N.C. | | U.S.A. |
| FATHER'S NA | ME | | | 14. MOTHER'S MAIDEN N | AME | |
| | | | | - | | |
| Was Davis | James Las | ssiter | 1.6.606141 | | | ADDRESS |
| | | | | | | |
| no | | | | James Miles | P.O. 547 | Onancock, Va. |
| DISEASES | OR CONDITIONS, if ne obave couse (A) | any, giving | (B) Hefferte DUF TO, OR AS (C) heis | A CONSEQUENCE OF: Chromi Con | gentine he | cet failure |
| | | | | | | |
| | CONDITION GIVEN IN PAR | RT 1 (A). | | | | |
| 19A. DATE O | | | VHICH OPERATION | 20A. AUTOPSY? (Yes or | IN CERTIFYING C. | FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIB | UTING CAUSE OF | hom | e, form, factory, street, o | n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (It in Sollima | ore City, give exact location) |
| 21D. TIME | (Month) (Day) (Year) | (Hour) 21 E. | INJURY OCCURRED | 21F. HOW DID II | NJURY OCCUR? | |
| > | | Whi | le At Not Whil | е | | |
| (APPROX.) | | Wor | k L At Work | | | |
| 22. I certify | y that (1) (this haspita | l) attended th | ne deceased fram | *************************************** | 19ta | 19 |
| that (I) (we |) last saw the decease | ed alive an | | 19and | that in (my) (aur) ap | olnian death accurred an the d |
| and hour an | nd from the causes sta | ted abave. (I | (We) (did) (did nat) v | iew the hady after death | | |
| 23A-SIGNATI | URE | | | | | 23B, DATE SIGNED |
| | | fad | m. D Atte | miding Med. Director D | Staff Phys. | |
| 23C. PHYSICIA | AN'S /2 = 15 | | DEGREE THY | 23D. ADDRESS @ / 1/1 | IIV HOED | OUTPT. DEPT |
| NAME (| ANS Type) HENRI | 1.000 | CEITU, M.D. | 1/6 0/1 | . , , , , , , , , , , , , , , , , , , , | CHANC |
| | | | DEGREE | | TLUATION | |
| A. BURIAL CRI | EMATION, 24B. DATE | 24C. NA | DEGREE | | | City, town, or county) (State |

Burial 2-17-69 Mt. Auburn Cemetery Balto .R. Bailey 1348 Calhoun V.R. ADDRESS 25A. DATE REC'D BY HEALTH 2SC. FUNERAL DIRECTOR Street KelsonoF 1969 VS 150-REV. 1/1/6B

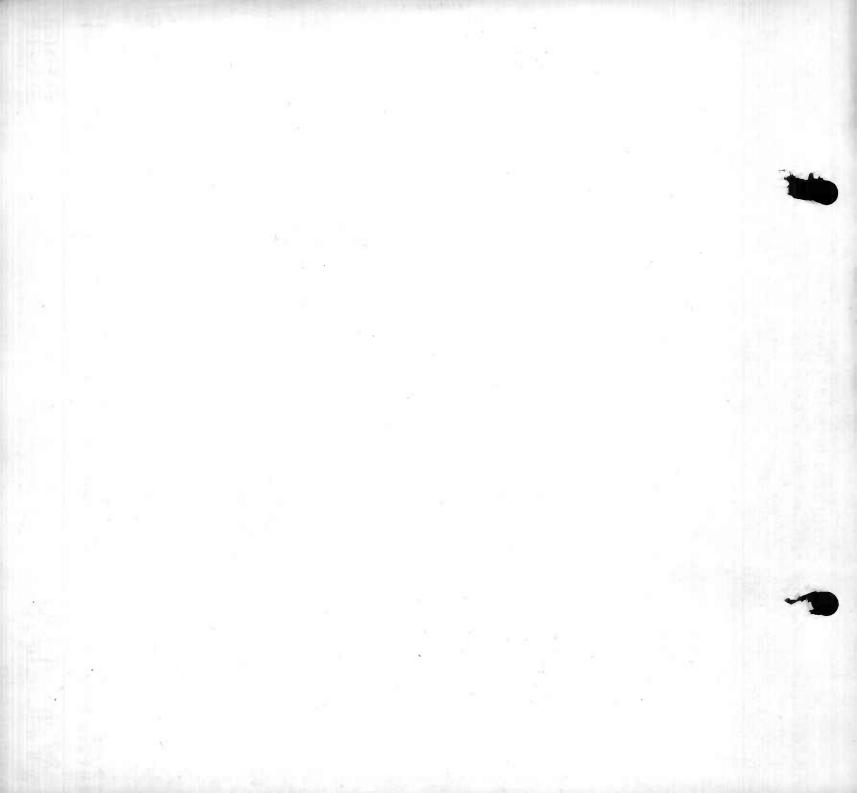


m-200

| BIRTH NO. | | MED | ICAL | . EX | AMINER'S | CERTIFI | CATE | OF | DEAT | H REG. NO | D | | |
|--------------------------|------------------------------------|------------------------------|------------|-------------|-------------------------------|----------------|--|--------|----------------|-------------------------------|---------------|--------------|-----------|
| 1. NAME OF DEC | EASED | L. | | | | 2. DATE | Knawn | XX | Month | Day | Yeor | Haur | |
| | PHILLI | D MACI | | | | OF DEATH | Estimote | d 🗆 | 2 | 18 | 69 | 9:45 | р м. |
| 4. PLACE IN BAL | | | | | | 3. DATE | UNCED DE | ND. | Month | Day | Year | Hour | |
| HOSPITAL | | SS OR LOCA | | illullo | N, GIVE STREET | | | | | ary 18 | | | |
| OR INSTITUTION | | | | | | 5. USUAL R | ESIDENCE | (Where | | ed, If instituti B. COUNTY | on: residence | before adm | issian) |
| | | itheran | | | | | Maryla | nd | | | 1 5 | 2-0 | 7 |
| 6. SEX | 7. RACE | | B. MARI | RIED 🖰 | NEVER MARRIED | C. CITY OF | TOWN | | | | CITY LIMITS? | | |
| Male 9. DATE OF BIRT | Colore | | | VED L | er 1 Yr. If Under 24 Hrs. | | alto. | | | | YES | NO | |
| 6-20-19 | | 10. AGE (In lost birthday | v) | | Days Hours Min. | E. STREET | | | | | | | |
| 11. BIRTHPLACE (S | | 24 | 1 | 12 (1 | IZEN OF | 13. FATHER | 1823 R | uxto | on Ave. | | | | |
| | | | .1 | | HAT COUNTRY? | | | 12. | . 2Ta.da | | | | |
| Reister | | | | | U。ら、とき。 JSINESS OR INDUSTR | | eodore | | | | | | |
| dane during most of v | vorking life, ev | en if retired) | | | | | rah Ma | | | | | | |
| Laborer 16. WAS DECEAS | ED EVER IN | | | | onte & Son 7. social | 18. INFOR | | ICK | | | ADDRESS | | |
| (Yes, no or unknown) | (If yes, give v | ar or dates | of service |) | SECURITY NO. 220-38-553 | | s. Sa | anh. | Tord | | 57 W. | Cara | -003 |
| 119. 204 | 9 | | | _ | CAUSE OF DEA | | 5. Sa. | all | OOLG | 211 /. | | PPROXIMATE I | - |
| 901 | 1/1 | | | | 0,,002 0, 02, | | | | | | BETY | WEEN ONSET | AND DEATH |
| | E OR COND LEADING TO | | CTLY | | 14. | | Intrav | enor | ie nare | otiem | | | |
| (This does n | at mean the | mode of dy | ing, e.g., | | (A) IMMEDIATE O | AS A CONSEG | | EIIOC | is nar | OCTOIL | | | |
| | , asthenia, etc nplication whic | | | | | | | | | | | | |
| | ITE CED EAST | CALICEC | | | | | 100 | | | | - 4 | | |
| | NTECEDENT OR CONDITION | | GIVING | | (B) | AS A CONSE | QUENCE OF | : | | | | | *** |
| UNDERLYIN | ABOVE CA | | ING THE | - 4 - 1 | | | | | | | | | |
| 8 | | | | | (C) | | | | | | | | |
| OTHER SIGN | ILFICANT CON | II IDITIONS CO | ONTRIBU | TING | | | | | | | | | |
| O THE DEA | CONDITION | | | | | | and the same of th | | | .(| | | |
| ш . | OPERATION | 1 208. CON | NOITION | FOR W | HICH OPERATION W | AS PERFORA | NED | | | | 21. AUTO | OPSY? (Yes | or No) |
| 0 2 | | | | | | | | | | | v | ES | |
| | NAL CAUSE | | | | ACE OF INJURY (e.g., | | | | lf In Boltimar | e City, give e | | | |
| UNDERLYING UTING CA | | | | nome, | farm, factary, street, offic | e blag., erc.) | INJURI OCC | LUK: | | | | | |
| ≥ 22D. TIME OF INJURY | (Month) (D | ay) (Year |) (Hou | r) 221 | INJURY OCCURRED | | 2F. HOW D | ID IN | URY OCCU | IR? | | | |
| (APPROX.) | | | | m. WF | | WHILE ORK | | | | | | | |
| 23. | | | | 7 | | TVV | | | | | | | |
| | ify that I h | | nquiry (| | _ | topsy XX | and tha | on th | is basis, | death in m | y apinian | | |
| resul | ted fram: N | atural cau | ses | . Ac | ident Suicio | | omicide _ | | | ned manner | | | |
| ACTUAL | 7 | 1 | 41 | 1 | | | CHIEF MED | | | | | DATE SIG | NED |
| SIGNATI | URE PU | 003 | JV | V | M.D | ١. | STANT MED | | | [XK | | | |
| EXAMIN | | m 1 | | | W D | ASSO | CIATE MED | ICAL E | XAMINER | | 2/19/69 | | |
| 24A. BURIAL CREA | | Edward 48. DATE | F. | WIIS 24C | on, M.D. | ar CREMATO | DRY | 24D. I | OCATION | (City, to | wn, or county | | ate) |
| REMOVAL (Speci Burial | fv) | 2-22- | 69 | | t. Pleasar | | | | | | s, Mai | | |
| 25A. DATE REC'D | | | | | OF REGISTRAR | | FUNERAL D | | | A A Ata alla ula | ADDRESS | - I -cuit | |
| TOA. DAIL REG D | PARTY IN | inca | 230. | -AME C | ALOISINAN | | RTON | | | F.H. | 1701 | Laure | ns St |
| la la | 是 企 | 1909 | , L. H. M | 1 | 000 | A | 0 0 | | | | | | |
| VS 151-REV. 1/1/68 | 3 | | 1 3 | U | 100 | | 9 3 | 1 | | | | | |



| | | BA | ALTIMORE CITY | Y HEALTH DEPARTMENT | | 00 1005 |
|-------------------------------------|--|------------------------|-----------------------------|--------------------------------------|-------------------------------|--|
| | 69 | 1995c | FRTIFICA | TE OF DEATH | REG. NO. | 69 1995 |
| BIRTH NO. | | | | | | |
| (Type or Print) | | | | | | |
| | | | | | | ٨ |
| 3. PLACE IN BA | LTIMORE, MARYLAND, WI | HERE PRONOUNCED | DEAD | 4. USUAL RESIDENCE (Whe | ere deceased lived. If in | stitution: residence before admission |
| FILL NAME OF | TE NOT IN HOSPITA | L OR INSTITUTION O | TIVE STREET | MARVIAND | | 15-02 |
| HOSPITAL OR | AME OF DECEASED **CORRESPONDENCE DECASED** **COLOR OF BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD** **L. NAME OF BUTCH OF THE NOTIFICATION OF STREET ADDRESS OR LOCATION) **L. NAME OF BUTCH OF THE NOTIFICATION OF STREET ADDRESS OR LOCATION) **L. NAME OF BUTCH OF THE NOTIFICATION OF STREET ADDRESS OR LOCATION) **L. NAME OF BUTCH OF THE NOTIFICATION OF STREET ADDRESS OR LOCATION) **L. NAME OF BUTCH OF STREET ADDRESS OR LOCATION) **L. LUTHER OF THE NOTIFICATION OF STREET ADDRESS OR LOCATION) **L. NAME OF STREET AND NUMBER 15-40 MOYORCED OF STREET ADDRESS OR LOCATION, GIVE STREET ADDRESS OR LOCATION, STREET ADDRESS OR INDUSTRY IN STREET ADDRESS ADDRESS OR INDUSTRY IN STREET ADDRESS ADD | DE CITY LIMITS? | | | | |
| INSTITUTION | | | D. 11431 | | | |
| / | | | | | | 4E2 4E7 140 |
| 46 | Lutheran Hos | spital | | | and Avenue | |
| | | 15 - | | | | |
| S. SEX | 6. RACE | 7. MARRIED X NEVE | R MARRIED | | 9. AGE (In years | |
| Female | Negro | WIDOWED | DIVORCED | 1-11-1906 | 63 | |
| IOA. USUAL OC | CUPATION (Give kind of work | 10 B. KIND OF BUSINE | S OR INDUSTRY | 11. BIRTHPLACE (State or fore | eign country) | 12. CITIZEN OF WHAT COUNTRY |
| | | | | | | |
| | | Home | | Baltimore, 1 | Maryland | U.S.A. |
| 13. FATHER'S NA | AME | | | 14. MOTHER'S MAIDEN NA | ME | |
| DA | NTEL KTRKLA | ND | | MOLITE MI | ONA.TNO | |
| | | | IAI | | /T/THIT/I | ADDRESS |
| (Yes, no or unknow | (If yes, give wor or dotes | | | INFORMANT | | ADDRESS |
| No. | | | | Mr. Clarence | Williams | 1540 Moreland |
| ·18. | - Q I | C/ | USE OF DEAT | | | |
| (T) :- 1 | | (| A) IMMEDIATE CA | USE WE ALE | aller | |
| (This does | not mean the made of | dvina ea (| A) IMM DIATE CA | | , p | |
| heort foilure | , osthenio, etc. Il meons | the diseose, | DYE TO, OK AS | A CONSEQUENCE OF: | | |
| injury or co | emplication which coused | deoth.) | Do | Train lea | 0.5 | |
| | ANTECEDENT CAUSES | | MRI | EKIOSCLERI | 13/3 | |
| DISEASES | OR CONDITIONS, if o | onv. giving | DUE TO, OR AS | A CONSEQUENCE OF: | n 6 | |
| rise to I | he obove couse (A) | stoting the | Di | ALKTES 1 | 1ELLITUS | |
| UNDERLYIN | IG CONDITION lost. | (4 |) | 000100 | , , , | |
| | II II | | | | | |
| | | | | | | |
| V DISEASE OR | ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART | E TERMINAL | | | | *************************************** |
| | F OPERATION 198 CONE | DITION FOR WHICH C | PERATION | 20A. AUTOPSY? (Yes or N | | FINDINGS CONSIDERED |
| E O | WAS PERF | ORMED | | | IN CERTIFYING CA | USES OF DEATH? |
| U 21A. ACCID | ENT WAS UNDERLYING | 21B. PLACE | OF INJURY (e.g., | in or about 21C. WHERE DID | (If In Boltimor | e City, give exact location) |
| OR CONTRIE | BUTING CAUSE OF | hame, farm, | foctory, street, o | ffice bldg., INJURY OCCUR? | (| 100011011 |
| U | | | | | | |
| 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21E INJURY | OCCURRED | 21F. HOW DID IN. | IURY OCCUR? | |
| S OF HAJORI | | | | | | |
| | | Work | At Work | | 1 | 100 |
| 22. I certif | y that (1) (this hospital) | attended the dece | sed fram | 4/15, | 1968 to | 118 1969 |
| that (1) (we | e) last saw the deceased | d alive an | 118 | 1969 and th | not In(my) (gur) api | nion death accurred an the do |
| | | | | | (,, (,, | |
| | | ed above. (I) (We) (| did) (did not) | view the bady after death. | | |
| 23A. SIGNAT | URE / | 1 0 | | | | 23B. DATE SIGNED |
| 7/1 | 19 1100 | | Δ. | | Staff | |
| 1 4/1 | Leve 1800 | notable | Dh. | | | 2/70/19 |
| 23C, PHYSICI | Ter \$ 18 a | npelse | Dh. | s. Director | | 1/20/89 |
| 23C. PHYSICI NAME | Ter \$ 18 a | Back | Dh. | s. Director | | 2/20/69 |
| 23C. PHYSICI NAME | Ter \$ 18 a | BAHFIR | Dh. | s. Director | | 2/20/89 |
| 24A. BURIAL CR | ANS (I) BERT LI (EMATION, 1248. DATE | BAHFIE 24C. NAME OF C | OEGREE Phy | 23D. ADDRESS 722 | N. Jule | 2/20/89 En dece ty, town, or countyl (Stote) |
| 24A. BURIAL CR REMOVAL | AN'S (Type) (Type) (EMATION, 24B. DATE (Specify) | | OEGREE Phy DECEMETERY OF CR | 23D. ADDRESS 7 2 2 EMATORY 24D. L | Phys. L. Julie | |
| 24A. BURIAL CR REMOVAL Burial | ANS JOHN (Type LICENATION, Copecify) 248. DATE 2-22-69 | 9 Arbut | OEGREE Phy CEMETERY OF CR | 23D. Address 727 EMATORY 24D. L | No July Ocation (C) Baltimore | Maryland |
| 24A. BURIAL CR REMOVAL Burial | ANS JOHN (Type LICENATION, Copecify) 248. DATE 2-22-69 | | OEGREE Phy CEMETERY OF CR | 23D. ADDRESS 7 2 2 EMATORY 24D. L | No July Ocation (C) Baltimore | |
| 24A. BURIAL CR REMOVAL Burial | ANS (Type) L. (EMATION, 24B. DATE (Specify) 2-22-69 D BY HEALTH DEPT. | 9 Arbut | OEGREE Phy CEMETERY OF CR | 23D. Address 727 EMATORY 24D. L | No July Ocation (C) Baltimore | , Maryland |
| 24A. BURIAL CR REMOVAL Burial | ANS (Typps Le () | 9 Arbut | OEGREE Phy CEMETERY OF CR | 23D. Address 727 EMATORY 24D. L | No July Ocation (C) Baltimore | Maryland |



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

The second second of these states into Frederick . Within The 11/23 The HAMAL Like with

| | | 69 19 | 197 | HEALTH DEPART | | REG. NO. | 69 | 1007 |
|------------|--|-----------------|---|--|--------------------|----------------------------|-------------------------------|-------------------------------|
| BIR | TH NO. | | CERTIFICA | TE OF DEA | ATH | KEG. NO | | 1001 |
| | Pe or Print) FANNIE | - Mc | Dowell | | Tebruary | | 69 5: | 50 p |
| 3. | PLACE IN BALTIMORE, MARYLA | ND, WHERE PRO | NOUNCED DEAD | 4. USUAL RESIDER | B. COUNTY | | | |
| HC | LL NAME OF (IF NOT IN E | HOSPITAL OR IN | STITUTION, GIVE STREET | C. CITY OR TOWN | ryland | n INICIE | DE CITY LIMITS? | -01 |
| IN | is Rustic Health | Service | Hospital | Baltim | | D. IINSIL | YES W | NO 🗌 |
| 1 | Orman Park Driv | ice 31st | Street | 1517 W. | Vine Str | cet | | |
| 5. 9 | F RACE Wegne | 7. MARR | NEVER MARRIED DIVORCED | Apr -25 | lost birth | (In years | If Under 1 Yr. Months Doys | If Under 24 Hrs Hours Min. |
| | USUAL OCCUPATION (Give kind to during most of working life, even if r | | | 11. BIRTHPLACE (St | | try) | | F WHAT COUNTR |
| | rousewite | | N.A. | South C | anolina | | a. 3 | S.A. |
| | FATHER'S NAME Walter Seibl | es | | 14. MOTHER'S MA | Brow | n | | |
| 15. (Ye | Was Deceased Ever in U. S. Am s, no or unknown) (If yes, give wor | ned Forces? | ce) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADD | |
| | No - | | 217-22-1488 | Records | s - US PH. | s Hospit | al, Balt | o, hd. |
| | 18.5 7/191 | | CAUSE OF DEATH | (| | 1011 | | OXIMATE INTERVAL |
| | DISEASE OR CONDITION | | | Houst | lailu | | | 10.00 |
| | (This does not meon the mo | de of dying, | e.g., (A) IMMEDIATE CAU | SE Hepati | F: | ~~ | | arays |
| | heart foilure, osthenio, etc. It injury or complication which | | | | | | | |
| | ANTECEDENT CA | AUSES | (B) Cin | A CONSEQUENCE | of the liv | er | | years |
| | DISEASES OR CONDITIONS tise to the above cause | | 9 | A CONSEQUENCE | DN. | | 3.7 | |
| | UNDERLYING CONDITION IS | ıst. | (c) | | •••••• | | | |
| VIION | OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE | D TO THE TERMIN | | | | | | |
| ERTIFICA | 19A. DATE OF OPERATION 198 | | OR WHICH OPERATION | 20A. AUTOPSY? | (Yes or No) 20B, I | F YES, WERE FERTIFYING CAU | INDINGS CON | SIDERED 1? |
| CAL CE | 21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE CONTRIBUTING Examines | OF _ | 21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.) | n or obout 21C. WHE fice bldg., INJURY C | RE DID CCUR? | (If in Boltimore | City, give exoc | t locotion) |
| MEDI | 21D.TIME (Month) (Doy) OF INJURY (APPROX.) | (Yeor) (Hour) | 21E, INJURY OCCURRED While At Not While Work Not Work | | V DID INJURY OC | CUR? | | |
| | 22. I certify that (M) (this ha | spital) attend | | | 1969 | to Febru | noun 22 | 19 69 |
| | that (M (we) last saw the de | | | 19 69 | and that in(| (aur) apin | ian death ac | |
| | and have and from the cause | es stated abav | e. (4) (We) (did) (didam) v | | | | | |
| | 23A. SIGNATURE | 11 | La an | ading - Mod | - W-42 | | 23 B. DATE SIG | |
| | | arte | OEGREE PHY | | | | 2-22 | 69 |
| | 23C. PHYSICIAM'S NAME (Type) .MIHALY | BARTA | A | US PHS | Hospito | 1, Bal | timore | , hol. |
| 24/ | REMOVAL (Specify) | ATE 24 | C. NAME of CEMETERY OF CRI | MATORY | 24D. LOCATIO | 1 | y, town, or cour | nty) (Stote) |
| 9 | OUR49 1-2-2 | 6-69 | Dhiloh AME Ch | urch Cem | . WIN | us bor | 5. | C. |
| 25/ | A. DATE REC'D BY HEALTH DEPT | 19 125B. NA | ME OF REGISTRAR | 25C. FUNERAL | DIRECTOR | | 11 A | DDRESS |

VS 150-REV. 1/1/68

the plant was the property of the party of Wyman Britishing 16+21-F Negro 49 April 25 49 U.S.A. South Carelina 15:4-36,000,000 Mary Barrier Walter Scibles 217-22-1400 Keen will need Pala Heigh Fat, British Just NO Heynton fortuna day's COMPRESS OF SE EINER MANUAL PARTY

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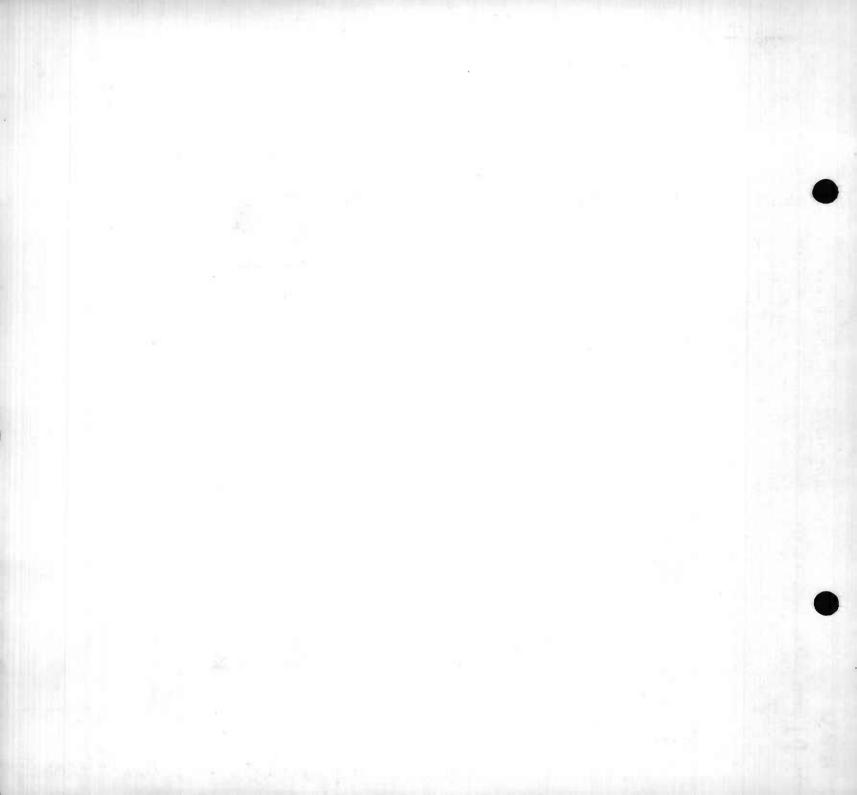
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MIBBALY BARTALOS, NO HE PHE HOSpital, Baltamera Add

VS 150-REV. 1/1/68

a hospital and

| | AND OF PROBLEMS OF CONDITION SITE OF MARRIED AND AND AND AND AND AND AND AND AND AN | |
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| | 69 1998 CERTIFICA | TE OF DEATH REG. NO. |
| | IN NO. | |
| (Ty | pe or Printf() | 0 0 0 0 0 0 0 |
| | Kolph Hooper | |
| 3. | PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | |
| FU | LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | Maryland 17-03 |
| HC | SPITAL OR ADDRESS OR LOCATION) | |
| | ANI. OIN | Balto, YES NO |
| 4 | / Maryland General Ytospital | E. STREET AND NUMBER |
| 4 | | 1 Mos H. tre mont are |
| 5. : | SEX 6. RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. |
| | | lost birthdoy) Months Doys Hours Min. |
| 104 | | |
| | e during most of working life, even if retired) | 11 |
| | DT.C. TRANSPORTATION | North Carolina U.S.A. |
| 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Tolan Hanger | Cornetia Hamas |
| 2 | Was Desposed Ever in U.S. Armed Force? | |
| Ye | | |
| | 212 10 0049 | tannie Hoozer rame as above |
| | | H APPROXIMATE INTERVAL |
| | DISEASE OR CONDITION DIRECTLY | A DEL WEEN ONSET AND DEATH |
| | LEADING TO DEATH | Cavilio-verdiratory Arrest |
| | (This does not mean the made of dying, e.g., DUETO OR AS | |
| | | |
| | (* ^ | oi i rue of Prototo |
| | (B) | 10 morris of Mostale |
| | The state of the s | A CONSEQUENCE OF: |
| | 14. | VMINAL Uremia |
| | | |
| Z | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| ATION | TO THE DEATH BUT NOT RELATED TO THE TERMINAL | |
| U | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION | |
| ERTIFI | | IN CERTIFYING CAUSES OF DEATH? |
| CER | 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., | in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) |
| AL | OR CONTRIBUTING CAUSE OF home, form, foctory, street, o | |
| U | | |
| VEDI | VRULUI TO | |
| ٤ | While At Not Whi | |
| | | . // |
| | 2 - 24 | 1- R |
| | that (I) (we) last sow the deceosed olive on | ond that in(my) (our) apinion death occurred on the dote |
| | ond hour and from the couses stated above. (1) (We) (did) (did nat) | view the bady after death. |
| | 23A. SIGNATURE | 23B. DATE SIGNED |
| | | anding Med. Shaff |
| | 23C. PHYSICIAN'S | |
| | | and the same of th |
| | DEGREE | |
| 24/ | A. BURIAL CREMATION, 248, DATE / 24C. NAME of CEMETERY of CR | EMATORY 24D. LOCATION (City, town, or county) (Stote) |
| | | Kale Md. |
| 254 | A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| 237 | ZON MAINE OF REGISTRAN | II TO TELL 12 1/2 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | EER 2 4 1060 A 0 0 0 0 0 10 10 10 10 10 10 10 10 10 10 | MORTON ADORT F.H., 1701 LAGRENS ST. |



69 1999 BALTIMORE CITY HEALTH DEPARTMENT

69 1999

| | MEL | DICAL EX | XAMINER'S | CERTIFI | CATE OF | DEAT | H REG. NO | 2 | | |
|---------------------------------------|---|-------------------|--|------------------|---------------------------|----------------|------------------|-------------------------|-----------------------|----------|
| BIRTH NO. | | | | II. nave | | | | | T. | |
| 1. NAME OF DEC | CEASED | | | 2. DATE OF | Known 💽 | Manth | Day | Yeor | Hour | |
| A DIACE IN DAI | | RIFFIN | DUNICED DEAD | DEATH 3. DATE | Estimoted L | 2 | 21 | 69 | | р м. |
| FULL NAME OF | LTIMORE, MARYLAND, 1 (IF NOT IN HOSPI | | | | UNCED DEAD | Month | Doy | Year | Hour | |
| HOSPITAL OR INSTITUTION | ADDRESS OR LOC | | ON, OIVE SIREET | 5. USUAL I | RESIDENCE (Where | Febru | | 1969 on: residence l | 8:00 perore odmiss | DM. |
| 43 | 0 11 7 1 | | | A. STATE | | | B. COUNTY | 26 | -62 | |
| 6. SEX | South Balto | | AL HOSPICAL NEVER MARRIED | C. CITY OF | Maryland Town | | D. INSIDE | CITY LIMITS? | OR | <u> </u> |
| Male | Colored | WIDOWED [| | Balt | 0 - | | | YES 🗌 | NO 🗆 | |
| 9. DATE OF BIRT | | | nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min. | | AND NUMBER | | | | | |
| March 1 | | | | | 641 Cher | ation | Rd. | | | |
| | State or foreign cauntry) | | ITIZEN OF | 13. FATHER | | 7 | | | | |
| Holy Sp | rings, N.C | , | WHAT COUNTRY? | John | a Griffi: | n | | | | |
| 14A.USUAL OCCU | JPATION (Give kind of world | 148. KIND OF | | | | | | | | |
| Truck | working life, even if retired) Driver | | | The | era Grif | fin | | | | |
| 16. WAS DECEAS | ED EVER IN U.S. ARME | | 17. SOCIAL | IB. INFOR | | r TII | | ADDRESS | | |
| | (If yes, give wor ar dote: | of service) | 240-01-118 | Mr. | Johno: | no Cn | iffin | 61.1 0 | hanata | n 1 |
| 19. 5 C | 100 | | CAUSE OF DEA | | 5 · 0011110. | ra Gr | <u> </u> | AF | PROXIMATE INT | ERVAL |
| 48 | 10,10 | | | | | | | BETW | VEEN ONSET AN | ID DEATH |
| DISEAS | SE OR CONDITION DIR | ECTLY | | | | | | | | |
| (This does n | not mean the made of d | vina. e.a | (A)IMMEDIATE | AS A CONSE | ultiple ti | caumati | c injur | ies | | |
| heart failure | e, osthenio, etc. It meons th mplication which coused de | e diseose, | DUE 10, OK | AJ A CONSE | DENCE OF: | | | | | |
| | | | | | | | | | | |
| | NTECEDENT CAUSES | | (B) | | | | | | | |
| DISEASES | OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. | IY, GIVING | DUE TO, OR | AS A CONSI | QUENCE OF: | | | | | |
| UNDESTAIL | NG CONDITION LAST. | | (c) | | | | | | | |
| <u>ō</u> | 11 | | (),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| OTHER SIGN | VIFICANT CONDITIONS | | | | | | | | | |
| DISEASE OF | ATH BUT NOT RELATED TO R CONDITION GIVEN IN | | * (44 44 44 45 15 44 44 45 45 44 44 44 44 44 44 44 44 44 | | | | | | | |
| OTHER SIGN TO THE DE DISEASE OF | F OPERATION 208. CC | NDITION FOR | WHICH OPERATION W | AS PERFOR | MED | | | 21. AUTO | PSY? (Yes or | No) |
| Ö | | | | | | | | | VEC | |
| Z 22A. EXTER | NAL CAUSE WAS | 228. | PLACE OF INJURY (e.g. e, farm, lactory, street, offi | , in or obout | 22C. WHERE DID | (If in Boltimo | ore City, give e | exoct locotion) | 75-6 | 7 |
| | GMOR CONTRIB- | | _ | ce bldg., etc.) | | | | | 1 | |
| | (Month) (Doy) (Yes | | Street | (5) | Cherry 22F. HOW DID IN | JURY OCC | KO. & K UR? | loundvie | W Rd. | |
| OF INJURY (APPROX.) | | 1 | WHILE AT NO | T WHILE | | | | | | |
| 23. | 2 21 69 | 6:16pm. | WORK L AT | WORK L | Driver in | auto- | -auto_c | collisio | מנ | |
| | tify that I held on | Inquiry | Inspection A | utopsy XX | ond that on t | his basis. | deoth in m | v oninion | | |
| | The second second | | | | | | | | | |
| resul | ted from: Notural co | uses A | ccident XX Suici | ae 🗀 n | omicide 🔲 | | ined monner | | | |
| ACTUAL | 11.00 | 111/ | 01 | | CHIEF MEDICAL | | | | DATE SIGN | IED |
| SIGNAT | | 4/ca | M. | D. ASS | ISTANT MEDICAL | EXAMINER | XX | | | |
| EXAMIN | | , | | ASS | OCIATE MEDICAL | EXAMINER | | 100/00 | | |
| NAME (| Type) Ronal | N. Kor | nblum M.D. | CDENAT | Ony Lore | LOCATION | | 22/69 | 10. | ` |
| 24A. BURIAL CRE REMOVAL (Spec | | 24 | C. NAME OF CEMETERY | or CREMAI | OKY 24D. | LOCATION | (City, Io | own, or county |) (Stote | 0) |
| Burial 25 A. DATE REC'D | BY HEALTH DEPT. | /69 1258. NAME | Arbutus OF REGISTRAR | Memor 25C. | IAL B | altim | ore, 1 | ADDRESS | | |
| | FITTI 9 & 40.00 | A | 07.0 | | rton & D | | 1701 | Laure | na at | nec |
| VS 151-REV, 1/1/6 | EGD 64 1903 | No Const | TO A SOUTH | 0 1 | 0 0 7 | 3000 | TIOT | Daur. 6 | 115 50. | . 00 |
| 73 131-KEY, 1/1/0 | U /// | 30 7 | | | 7 1 | 1 | | | | - |

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

